

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741904 (7)					
1. Corporation Name MIRACLE OUTREACH MINISTRIES INC.					
Principal Place of Business 9252 SAN JOSE BLVD. #2804 JACKSONVILLE FL 32257-9205		Mailing Address 9252 SAN JOSE BLVD. #2804 JACKSONVILLE FL 32257-9205			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/07/1978	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 02/05/1996	
City & State 23		City & State 28		4. FEI Number 59-1798553	
Zip 24		Zip 29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HOLLIDAY, KATHERYN P. 9252 SAN JOSE BLVD #2804 JACKSONVILLE FL 32217				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	☐ DELETE			
NAME	HOLLIDAY, PATRICIA R., DR				
STREET ADDRESS	9252 SAN JOSE BLVD #2804				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	☐ DELETE			
NAME	HOLLIDAY, ALEXANDER V				
STREET ADDRESS	9252 SAN JOSE BLVD #2804				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	STD	☐ DELETE			
NAME	HOLLIDAY, KATHERYN P.				
STREET ADDRESS	9252 SAN JOSE BLVD #2804				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/07/1978	3a. Date of Last Report 02/05/1996
4. FEI Number 59-1798553	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIDAY, PATRICIA R., DR	1.2 NAME	
STREET ADDRESS	9252 SAN JOSE BLVD #2804	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIDAY, ALEXANDER V	2.2 NAME	
STREET ADDRESS	9252 SAN JOSE BLVD #2804	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIDAY, KATHERYN P.	3.2 NAME	
STREET ADDRESS	9252 SAN JOSE BLVD #2804	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia R. Holliday* 7/23/97 123 956

CR2E037 (4/97)