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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 741904

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

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90066 022 ****61.25



2. Principal P	Place of Business	2a.	Mailing Address					Date Incorporated or Qualife	d		
21	·	26						03/07/1978			
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					FEI Number		Ap	plied For
22		27						59 -1 7985 53		No	t Applicable
City & Stat	te		City & State				Ŀ	Contitonto of Ctatus Desired		\$8.75	dditional
23		28					3.	Certifcate of Status Desired		Fee Re	
Zip	Country		Zip	Cour	ntry		6.	Election Campaign Financing		\$5.00	May Be
24	25	29		30				Trust Fund Contribution	' ⁻	Added t	- 1
	9. Name and Address of Current	Regis	tered Agent	·I			10.	Name and Address of New	Registered	Agent	
	The state of the s				81	Name					
HOLLIDAY, KATHERYN PARARECTERES (NO.					92 Street Address (B.O. Bay Number is Not Assestable)						
9252 SAN JOSE BLVD #2804					82 Street Address (P.O. Box Number is Not Acceptable)						
	WILLE FL 32217			ł	83						-
JACKSON	WILLE FL 32211			[
	•			ŀ	84	City				85 Zip C	ode
	to the provisions of Sections 617 0502	and 6	17 1508 Florida Statuta	e the ah	1	named corpo	eation	euhmite this statement for th	n numose of	changing ite	registered
Onice of r	to the provisions of Sections 617.0502 registered agent, or both, in the State of	n riona	ia. Such change was au	unonzea	Dy t	tne corporation	n's bo	ard of directors, I hereby acci	ept the appoi	riunent as reg	istered .
agent. I a	im familiar with, and accept the obligation	ons of,	Section 617.0503, Flor	ida Statu	ites.	•		and a mark a first part wa	eleg til fall fol		
SIGNATURE											
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	Agent	t algnature required		enstating) ADDITIONS/CHANGES TO O	DATE EFICERS AN	ID DIDECTO	DS IN 12
TITLE	PD OFFICERS AND	אוט ל	☐ DELETE	1.1 7111	I E			ADDITIONO/OFFACEO TO O	I I IOLINO AI	☐ Change	Addition
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NAME	HOLLIDAY, PATRICIA R.,DR			1.2 NA		1					
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CITY-ST-ZIP	JACKSONVILLE FL			1.4 CIT		-ZIP					
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	HOLLIDAY, ALEXANDER V			2.2 NA	YAL.	į					- 1
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					REET	ļ					
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I 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 changes or on an attachment with an address, with all other like empowered.