

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008128

FILED
Jun 11, 2009
Secretary of State

Entity Name: UNLIMITED MIRACLES - MIRACLES UNLIMITED, INCORPORATED

Current Principal Place of Business:

921 LEWIS DRIVE
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

921 LEWIS DRIVE
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 56-2656761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREEMAN, CYTERIA
921 LEWIS DRIVE
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FREEMAN, CYTERIA
Address: 921 LEWIS DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: FREEMAN, JOHN
Address: 921 LEWIS DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: HOPE, PATRICIA
Address: 2 STARLING DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: FORD, LUCILLE
Address: 555 SANDRA AVENUE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: BEAMON, BRIAN
Address: 1024 AUDREY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: ANDERSON, TRENIQUA
Address: 720 IOWA STREET
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYTERIA FREEMAN

D

06/11/2009

Electronic Signature of Signing Officer or Director

_____ Date