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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004655 (4)

1. Corporation Name

LOVE AND MIRACLES OF JESUS CHRIST CORPORATION



Principal Place of Business

Mailing Address

7503 KIMBERLY BLVD. APT #110
NORTH LAUDERDALE FL 33068

7503 KIMBERLY BLVD. APT #110
NORTH LAUDERDALE FL 33068-2866

3. Date Incorporated or Qualified
08/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11578 NW 42ND ST.

26 11578 NW 42ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CORAL SPRINGS, FLORIDA

27 City & State

28 CORAL SPRINGS, FLORIDA

24 Zip

Country

24 33065

25 U.S.A.

29 Zip

Country

29 33065

30 U.S.A.

4. FEI Number

65-0695754

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULI, OSCAR A
7503 KIMBERLY BLVD. APT #110
NORTH LAUDERDALE FL 33068

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

1b. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [] DELETE
NAME PAULI, OSCAR A
STREET ADDRESS 7503 KIMBERLY BLVD. APT #110
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD [] DELETE
NAME HEGEL, NELIDA B
STREET ADDRESS 7503 KIMBERLY BLVD. APT #110
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD [] DELETE
NAME PAULI, GRISELDA E
STREET ADDRESS 7503 KIMBERLY BLVD. APT #110
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD [] DELETE
NAME HERNANDEZ, LUIS D
STREET ADDRESS 7503 KIMBERLY BLVD. APT #110
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME LACOT, MARIA M
STREET ADDRESS 8040 COLONY CIRCLE BLDG 2, APT. 305
CITY-ST-ZIP TAMARAC FL 33321

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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)(j), 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.

CR2E037 (9/96)