

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000004655 (4)
1. Corporation Name
LOVE AND MIRACLES OF JESUS CHRIST CORPORATION



Principal Place of Business: 11578 N.W. 42ND ST. CORAL SPRINGS FL 33065 US
Mailing Address: 11578 N.W. 42ND ST. CORAL SPRINGS FL 33065 US

3. Date Incorporated or Qualified: 08/30/1996
4. FEI Number: 65-0695754
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) with handwritten "AS ABOVE" annotations.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes [X] No []
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No [X]

9. Name and Address of Current Registered Agent: PAULI, OSCAR A, 7503 KIMBERLY BLVD. APT #110, NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent: OSCAR A. PAULI, AS ABOVE, FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULI, OSCAR A	1.2 NAME	
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGEL, NELIDA B	2.2 NAME	
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULI, GRISELDA E	3.2 NAME	
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS D	4.2 NAME	
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOT, MARIA M	5.2 NAME	
STREET ADDRESS	8040 COLONY CIRCLE BLDG 2, APT. 305	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 changed, or on an attachment with an address.

SIGNATURE: _____ OSCAR A PAULI 02-13-98 (954) 796-3333

CR2E037 (10/97)