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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000004655

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4171 NW 110 Ave North side	26	4171 NW 110 Ave. North side	08/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
Coral Springs		Coral Springs		65-0695754	
City & State		City & State		Applied For	
FL, 33065		FL, 33065		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
US		US		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		Trust Fund Contribution	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PA Change <input type="checkbox"/> Addition
NAME	PAULI, OSCAR A	1.2 NAME	PAULI, OSCAR
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	1.3 STREET ADDRESS	4171 NW 110 Ave. North side
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	Coral Springs FL, 33065
TITLE	VD	2.1 TITLE	VD Change <input type="checkbox"/> Addition
NAME	HEGEL, NELIDA B	2.2 NAME	HEGEL, NELIDA
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	2.3 STREET ADDRESS	4171 NW 110 Ave. North side
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	Coral Springs, FL, 33065
TITLE	TD	3.1 TITLE	TD Change <input type="checkbox"/> Addition
NAME	PAULI, GRISELDA E	3.2 NAME	PAULI, GRISELDA
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	3.3 STREET ADDRESS	4171 NW 110 Ave. North side
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	Coral Springs FL, 33065
TITLE	SD	4.1 TITLE	SD Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS D	4.2 NAME	HERNANDEZ, LUIS
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	4.3 STREET ADDRESS	4171 NW 110 Ave. North side
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	4.4 CITY-ST-ZIP	Coral Springs FL, 33065
TITLE	D	5.1 TITLE	D Change <input type="checkbox"/> Addition
NAME	LACOT, MARIA M	5.2 NAME	LACOT, MARIA
STREET ADDRESS	8040 COLONY CIRCLE BLDG 2, APT. 305	5.3 STREET ADDRESS	8040 COLONY CIRCLE BLDG 2, APT. 305
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	TAMARAC, FL 33321
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	

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)