FILE NOW: FILING FEE IS $61.25

FILED
Aug 14 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 # N97000003755

1. Corporation Name

Miracle of Love Inc

Principal Place of Business: 4530 Evers Pl. Orlando, Fl. 32811

Mailing Address: " "

3. Date Incorporated or Qualified: June 30, 1997

4. FEI Number: 59-3455949 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

[redacted]
4530 EVERS PL.
Orlando, Fl. 32811
Lovell Stanford

10. Name and Address of New Registered Agent

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] 7-24-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Lowell D. Stanford		1.2 NAME	
STREET ADDRESS	4530 Evers Pl.		1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl. 32811		1.4 CITY-ST-ZIP	
TITLE	Vice President D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Marvin A. Jackson		2.2 NAME	
STREET ADDRESS	5548 Blue Fire Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando Fl 32810		2.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Angela Hines		3.2 NAME	
STREET ADDRESS	205 Twisting Tail		3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl. 32828		3.4 CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Rodney Henderson		4.2 NAME	
STREET ADDRESS	8406 White Road		4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl. 32825		4.4 CITY-ST-ZIP	
TITLE	Secretary	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Patsy Wilson		5.2 NAME	
STREET ADDRESS	4530 Evers Pl.		5.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando Fl. 32811		5.4 CITY-ST-ZIP	
TITLE	Vice President	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Dwayne Holman		6.2 NAME	900002618019
STREET ADDRESS	4530 Evers Pl.		6.3 STREET ADDRESS	-08/17/98--01123--050
CITY-ST-ZIP	Orlando, Fl 32811		6.4 CITY-ST-ZIP	***75.00 PL 8.14

CR2E037 (10/97)

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: [signature] 7-22-98 407-426-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #