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APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100101-90023-9

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N97000003755

1. Corporation Name
MIRACLE OF LOVE, INC.

Principal Place of Business	Mailing Address
4530 EVERS PLACE ORLANDO FL 32811	4530 EVERS PLACE ORLANDO FL 32811

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1997	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3455949	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STAFFORD, LOWELL D 4530 EVERS PLACE ORLANDO FL 32811	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Executive Director PD	☑ Change ☐ Addition
NAME	STAFFORD, LOWELL D		1.2 NAME	Lowell Stafford	
STREET ADDRESS	4530 EVERS PLACE		1.3 STREET ADDRESS	4530 EVERS PL.	
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-ST-ZIP	Orlando, FL 32811	
TITLE	VD	☑ DELETE	2.1 TITLE	President VD	☑ Change ☐ Addition
NAME	JACKSON, MARVIN A		2.2 NAME	Jackson, Marvin A	
STREET ADDRESS	5524 BLUE TICK DR		2.3 STREET ADDRESS	5524 Blue Tick Dr	
CITY-ST-ZIP	ORLANDO FL 32810		2.4 CITY-ST-ZIP	Orlando FL 32818	
TITLE	S	☐ DELETE	3.1 TITLE	Vice President VD	☑ Change ☐ Addition
NAME	HUME, ANGELA		3.2 NAME	Henderson Rodney	
STREET ADDRESS	205 TWISTING TRAIL		3.3 STREET ADDRESS	8406 White Road	
CITY-ST-ZIP	ORLANDO FL 32828		3.4 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	TD	☑ DELETE	4.1 TITLE	Treasurer TD	☐ Change ☑ Addition
NAME	HENDERSON, RODNEY		4.2 NAME	Colin Cole	
STREET ADDRESS	8406 WHITE ROAD		4.3 STREET ADDRESS	4530 EVERS PL	
CITY-ST-ZIP	ORLANDO FL 32805		4.4 CITY-ST-ZIP	Orlando FL 32811	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

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