

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000000283

1. Corporation Name

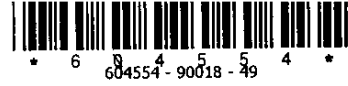
MIRACLE CENTER FELLOWSHIP MINISTRY, INC.

Principal Place of Business

Mailing Address

11960 SW 217TH STREET
 GOULDS FL 33170

RT 13 BOX 919-21
 LAKE CITY FL 32055



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 01/20/1998

21 902 Pow Wow Trail

26 902 Pow Wow Trail

4. FEI Number
65-0261645

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

24 Zip 32304 25 Country US

29 Zip 32304 30 Country US

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

LACOUNT, ELIJAH
 12430 SW 184 ST.
 MIAMI FL 33177

81 Name LACOUNT, ELIJAH

82 Street Address (P.O. Box Number is Not Acceptable)
902 Pow Wow Trail

83

84 City Tallahassee FL 85 Zip Code 32304

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 ELIJAH LACOUNT

Elijah LaCount

8/10/99

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 DELETE
 NAME D LACOUNT, ELIJAH
 STREET ADDRESS 12430 SW 184 ST
 CITY-ST-ZIP MIAMI FL 33177

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

TITLE DELETE
 NAME D LACOUNT, EDNA R
 STREET ADDRESS 12430 SW 184 ST
 CITY-ST-ZIP MIAMI FL 33177

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

TITLE DELETE
 NAME D ROBINSON, ATHENIA
 STREET ADDRESS 10760 SW 149 TERR
 CITY-ST-ZIP MIAMI FL 33176

3.1 TITLE Change Addition
 3.2 NAME D ANICIA M. LACOUNT
 3.3 STREET ADDRESS 2001 Bellevue Way Apt 122
 3.4 CITY-ST-ZIP Tallahassee, Florida 32304

TITLE DELETE
 NAME D PICKFORD, SADIE
 STREET ADDRESS 14544 SW 105 CT
 CITY-ST-ZIP MIAMI FL 33176

4.1 TITLE Change Addition
 4.2 NAME D CHRISTOPHER LACOUNT
 4.3 STREET ADDRESS 2202 W Pensacola St #57
 4.4 CITY-ST-ZIP Tallahassee, Florida 32304

TITLE DELETE
 NAME D BRINKLEY, VAN
 STREET ADDRESS 8160 NW 14 AV
 CITY-ST-ZIP MIAMI FL 33147

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 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: Elijah LaCount SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE 8/10/99 DAYTIME PHONE # 576-8227

CR2E037 (5/99)