


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N9700000 3755**

*MIRACLE OF LOVE INC*

Principal Place of Business Mailing Address

**4530 EVERS PL.  
Orlando, FL 32811**

3. Date Incorporated or Qualified

**JUNE 30, 1997**

4. FEI Number

**59-3455949**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

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

10. Name and Address of New Registered Agent

**4530 EVERS PL.  
Orlando, FL 32811**

**4530 EVERS PL.  
Orlando, FL 32811**

*Lovell Started*

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, typed or printed name of registered agent and agent acceptable.

(NOTE: Registered Agent signature required when reinstating)

**7-24-98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President PD** ☐ DELETE  
NAME **Lovell D. Stafford**  
STREET ADDRESS **4530 EVERS PL.**  
CITY-ST-ZIP **Orlando, FL 32811**

TITLE **Vice President D** ☐ DELETE  
NAME **MARVIN A. Jackson**  
STREET ADDRESS **5504 Blue Sky Dr.**  
CITY-ST-ZIP **Orlando FL 32810**

TITLE **Sec R** ☐ DELETE  
NAME **Angela Humes**  
STREET ADDRESS **205 Twisting Trl**  
CITY-ST-ZIP **Orlando, FL 32828**

TITLE **Treasurer** ☐ DELETE  
NAME **Redney Henderson**  
STREET ADDRESS **8406 White Road**  
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **Secretary** ☒ DELETE  
NAME **Angie Wilson**  
STREET ADDRESS **4530 EVERS PL.**  
CITY-ST-ZIP **Orlando FL 32811**

TITLE **Vice President** ☒ DELETE  
NAME **Dunya Hobman**  
STREET ADDRESS **4530 EVERS PL.**  
CITY-ST-ZIP **Orlando, FL 32811**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**300002618019**  
**-08/17/98--01123--050**  
**\*\*\*75.00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-22-98**

Date

**407-426-8855**

Daytime Phone #

CR2E037 (10/97)