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APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100101-90023-9

[redacted]

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

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 24 / Country 25	Zip 29 / Country 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 _____
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 PD NAME STAFFORD, LOWELL D STREET ADDRESS 4530 EVERS PLACE CITY-ST-ZIP ORLANDO FL 32811	☑ DELETE	1.1 TITLE Executive Director PD 1.2 NAME Lowell Stafford 1.3 STREET ADDRESS 4530 EVERS PL. 1.4 CITY-ST-ZIP Orlando, Fl. 32811	☑ Change ☐ Addition
TITLE VD NAME JACKSON, MARVIN A STREET ADDRESS 5524 BLUE TICK DR CITY-ST-ZIP ORLANDO FL 32810	☑ DELETE	2.1 TITLE President VD 2.2 NAME Jackson, Marvin A 2.3 STREET ADDRESS 5524 Blue Tick-Dr 2.4 CITY-ST-ZIP Orlando Fl. 32810	☑ Change ☐ Addition
TITLE S NAME HUME, ANGELA STREET ADDRESS 205 TWISTING TRAIL CITY-ST-ZIP ORLANDO FL 32828	☐ DELETE	3.1 TITLE Vice President VD 3.2 NAME Henderson Rodney 3.3 STREET ADDRESS 8406 White Road 3.4 CITY-ST-ZIP Orlando, Fl. 32805	☑ Change ☐ Addition
TITLE TD NAME HENDERSON, RODNEY STREET ADDRESS 8406 WHITE ROAD CITY-ST-ZIP ORLANDO FL 32805	☑ DELETE	4.1 TITLE Treasurer TD 4.2 NAME Celin Cole 4.3 STREET ADDRESS 4530 EVERS PL 4.4 CITY-ST-ZIP Orlando Fl. 32811	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 #

CR2E037 (11/98)