

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  
**4530 EVERS PLACE  
ORLANDO FL 32811**

Mailing Address  
**4530 EVERS PLACE  
ORLANDO FL 32811**

|    |   |    |  |    |   |   |
|----|---|----|--|----|---|---|
| 21 | 2. Principal Place of Business                  | 2a | Mailing Address                              | 3. | Date Incorporated or Qualified                      |   |
| 22 | Suite, Apt. #, etc.                             | 26 | Suite, Apt. #, etc.                          | 4. | FEI Number  | Applied For   |
| 23 | City & State                                    | 27 | City & State                                 |    | <b>59-3455949</b>                                   | Not Applicable  |
| 24 | Zip   | 28 | Country                                      | 5. | Certificate of Status Desired                       | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25 | Country   | 29 | Country                                      | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 30 | 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   |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|--------------------|---|
| TITLE                      | PD                 | 1.1 TITLE   |
| NAME                       | STAFFORD, LOWELL D | 1.2 NAME  |
| STREET ADDRESS             | 4530 EVERS PLACE   | 1.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                | ORLANDO FL 32811   | 1.4 CITY-ST-ZIP                                       |
| TITLE                      | VD                 | 2.1 TITLE   |
| NAME                       | JACKSON, MARVIN A  | 2.2 NAME  |
| STREET ADDRESS             | 5524 BLUE TICK DR  | 2.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                | ORLANDO FL 32810   | 2.4 CITY-ST-ZIP                                       |
| TITLE                      | S                  | 3.1 TITLE   |
| NAME                       | HUME, ANGELA       | 3.2 NAME  |
| STREET ADDRESS             | 205 TWISTING TRAIL | 3.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                | ORLANDO FL 32828   | 3.4 CITY-ST-ZIP                                       |
| TITLE                      | TD                 | 4.1 TITLE   |
| NAME                       | HENDERSON, RODNEY  | 4.2 NAME  |
| STREET ADDRESS             | 8406 WHITE ROAD    | 4.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                | ORLANDO FL 32805   | 4.4 CITY-ST-ZIP                                       |
| TITLE                      |                    | 5.1 TITLE   |
| NAME                       |                    | 5.2 NAME  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |
| TITLE                      |                    | 6.1 TITLE   |
| NAME                       |                    | 6.2 NAME  |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |
| CITY-ST-ZIP                |                    | 6.4 CITY-ST-ZIP                                       |

|                    |                    |  |  |
|--------------------|--------------------|--|--|
| 1.1 TITLE          | Executive Director | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 1.2 NAME           | Lowell Stafford    |  |  |
| 1.3 STREET ADDRESS | 4530 EVERS PL      |  |  |
| 1.4 CITY-ST-ZIP    | ORLANDO, FL 32811  |  |  |
| 2.1 TITLE          | President          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 2.2 NAME           | JACKSON, MARVIN A  |  |  |
| 2.3 STREET ADDRESS | 5524 BLUE TICK DR  |  |  |
| 2.4 CITY-ST-ZIP    | ORLANDO FL 32810   |  |  |
| 3.1 TITLE          | Vice President     | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| 3.2 NAME           | HENDERSON RODNEY   |  |  |
| 3.3 STREET ADDRESS | 8406 WHITE ROAD    |  |  |
| 3.4 CITY-ST-ZIP    | ORLANDO, FL 32805  |  |  |
| 4.1 TITLE          | Treasurer          | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Celia Cole         |  |  |
| 4.3 STREET ADDRESS | 4530 EVERS PL      |  |  |
| 4.4 CITY-ST-ZIP    | ORLANDO, FL 32811  |  |  |
| 5.1 TITLE          |                    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| 5.2 NAME           |                    |  |  |
| 5.3 STREET ADDRESS |                    |  |  |
| 5.4 CITY-ST-ZIP    |                    |  |  |
| 6.1 TITLE          |                    | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| 6.2 NAME           |                    |  |  |
| 6.3 STREET ADDRESS |                    |  |  |
| 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

CR2E037 (1/198)