

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

17.

01-21-2003 90499 028 ****61.25

DOCUMENT # N97000003755



1. Entity Name
MIRACLE OF LOVE, INC.

Principal Place of Business 1800 MERCY DRIVE SUITE 300 ORLANDO FL 32808 US	Mailing Address 1800 MERCY DRIVE SUITE 300 ORLANDO FL 32808 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country
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4. FEI Number **59-3455949** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**STAFFORD, LOWELL D
4530 EVERS PLACE
ORLANDO FL 32811**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **1-7-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE ED	<input type="checkbox"/> Delete
NAME STAFFORD, LOWELL D	
STREET ADDRESS 4530 EVERS PLACE	
CITY-ST-ZIP ORLANDO FL 32811	
TITLE PD	<input type="checkbox"/> Delete
NAME HICKMAN, DWAYNE	
STREET ADDRESS 612 ELLIS AVE	
CITY-ST-ZIP ORLANDO FL 32811	
TITLE SD	<input type="checkbox"/> Delete
NAME WILLIAMS, FRANKLIN	
STREET ADDRESS 2444 W CONWAY 20 APT B	
CITY-ST-ZIP ORLANDO FL 32812	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Board Member
STREET ADDRESS	14101 N.W. 11th
CITY-ST-ZIP	4490 Rippland Blvd Orlando FL 32811
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Other Staff
STREET ADDRESS	11945 Red Bridged
CITY-ST-ZIP	Orlando, FL 32824
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julio Santos
STREET ADDRESS	2457 Ginger Mill Blvd
CITY-ST-ZIP	Orlando, FL 32817

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-7-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)