## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009841

Entity Name: MIRACLES HOUSE INC.

**Current Principal Place of Business:** 

5840 NW WINDY PINES LANE PORT SAINT, LUCIE, FL 34986

**Current Mailing Address:** 

5840 NW WINDY PINES LANE PORT SAINT, LUCIE, FL 34986

FEI Number: 27-3829433 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHIPPLE, FELICIA 1555 NW 85 STREET 5840 NW WINDY PINES LANE PORT SAINT LUCIE, FL 34986 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** May 01, 2014

**Secretary of State** 

CC1570640013

Officer/Director Detail:

Title Title DIR

WHIPPLE, FELICIA Name Name WHIPPLE, MARTEZ K

Address 5840 NW WINDY PINES LANE Address 5840 NW WINDY PINES LANE City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip: PORT SAINT LUCIE FL 34986

Title **TREA** 

Name SELTZER, BETTY

Address 2474 NW 58TH STREET

SIGNATURE: FELICIA WHIPPLE

City-State-Zip: MIAMI FL 33142

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

05/01/2014

Date