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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704471

1. Corporation Name
VOLUNTARY MIRACLE CHURCH OF FAITH INC

Principal Place of Business: 4301 NW 6TH AVE, MIAMI FL 33127, US
 Mailing Address: 4301 NW 6 AVE, MIAMI FL 33127-2641



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 08/31/1962 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number NOT APPLICABLE |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | Zip 29 | Country 30 |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent CHARLES JOHNSON 4301 NW 6 AVE MIAMI FL 33127 | 10. Name and Address of New Registered Agent 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: *Charles Johnson* **CHARLES JOHNSON** DATE: **3-15-99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2 | |
|----------------------------|--|---|---|
| TITLE D | BUDDY <input checked="" type="checkbox"/> DELETE | 11 TITLE | MS. WILLAMENA JACKSON <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2165 NW 152 | 12 NAME | 2174 NW 57 ST |
| STREET ADDRESS | OPA LOCKA FL | 13 STREET ADDRESS | MIAMI, FL 33142 |
| CITY-ST-ZIP | | 14 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | |
| NAME | JOHNSON, PETER R | 22 NAME | |
| STREET ADDRESS | 146 SEYMOUR AVE. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | NEWARK NJ | 24 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 31 TITLE | |
| NAME | SHAW, ROSA M | 32 NAME | |
| STREET ADDRESS | 4301 N.W. 6 AVE. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 34 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 41 TITLE | |
| NAME | JOHNSON, CHARLES | 42 NAME | |
| STREET ADDRESS | 4301 NW 6 AVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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: *Charles Johnson* **CHARLES JOHNSON** DATE: **305-576-0955**

CR2E037 (1/98)