


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90087 032 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 704471</b>					
1. Corporation Name <b>VOLUNTARY MIRACLE CHURCH OF FAITH INC</b>					
Principal Place of Business <b>4301 NW 6TH AVE MIAMI FL 33127 US</b>			Mailing Address <b>4301 NW 6 AVE. MIAMI FL 33127-2641</b>		



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

9. Name and Address of Current Registered Agent <b>CHARLES JOHNSON 4301 NW 6 AVE MIAMI FL 33127</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 3-15-99  
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 '2			
TITLE	D	DELETED		11 TITLE	MS. WILLAMENA JACKSON		
NAME	BUDDY			12 NAME			
STREET ADDRESS	2165 NW 152			13 STREET ADDRESS	2174 N.W. 57 ST		
CITY-ST-ZIP	OPA LOCKA FL			14 CITY-ST-ZIP	MIAMI, FL. 33142		
TITLE	D	DELETED		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	DELETED		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	DELETED		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		DELETED		51 TITLE			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		DELETED		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)