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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709778

1. Corporation Name
MIRACLE STRIP POST NO. 264. INC.

Principal Place of Business LEGION HALL. HWY. C393 NO. P.O. BOX 1182 SANTA ROSA BCH. FL 32459	Mailing Address LEGION HALL. HWY. C393 NO. P.O. BOX 1182 SANTA ROSA BCH. FL 32459
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/19/1965
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-6164864
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Elect on Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BISHOP, VERNON R.
BISHOP-TOLBERT ROAD
SANTA ROSA BEACH FL 32459**

10. Name and Address of New Registered Agent

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 617.05(2) 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARNARD, RALPH P	
STREET ADDRESS	72 SARA CIRCLE	
CITY-ST-ZIP	SANTA ROSA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COON, RUSS	
STREET ADDRESS	191 TWISTED PINE TRAIL	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, CHESTER	
STREET ADDRESS	330 THOMPSON RD	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNS, ALVIS I JR	
STREET ADDRESS	100 LORAL RD	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BISHOP, VERNON(FIN-OFF)	
STREET ADDRESS	714 BISHOP-TOLBERT RD	
CITY-ST-ZIP	SANTA ROSA BCH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHILDERS, BILLY G	
STREET ADDRESS	613 EDEN DR	
CITY-ST-ZIP	SANTA ROSA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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: VERNON R. BISHOP DATE: 4-26-99 DAYTIME PHONE: 850-267-2459

CR2E037 (11/98)