

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744462 (3)
1. Corporation Name
NETHERCOTT MINISTRIES OF MIRACLES AND WONDERS, I NC.



Principal Place of Business Mailing Address
**1890 HAVENDALE BLVD. NW
PO BOX 884
WINTER HAVEN FL 33881
US**

3. Date Incorporated or Qualified **10/04/1978** 3a. Date of Last Report **04/06/1995**
4. FEI Number **59-1904989** Applied For
Not Applicable
5. Certificate of Status Desired **XX** **\$8.75** Additional
Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes **XX** No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**NETHERCOTT, JANET
2411 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33880**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE **STD** ☐ DELETE
NAME **NETHERCOTT, JOHN S.**
STREET ADDRESS **2411 CYPRESS GARDENS BLV**
CITY-ST-ZIP **WINTER HAVEN FL**
TITLE **PD** ☐ DELETE
NAME **NETHERCOTT, JANET**
STREET ADDRESS **2411 CYPRESS GARDENS BLV**
CITY-ST-ZIP **WINTER HAVEN FL**
TITLE **D** ☐ DELETE
NAME **CLAUSSEN, JAMES W.**
STREET ADDRESS **1500 HAVENDALE BLVD., NW**
CITY-ST-ZIP **WINTER HAVEN FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS **800001775.148**
24 CITY-ST-ZIP **-04/10/96--01028--015**
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS *****8.75**
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS **800001775.148**
44 CITY-ST-ZIP **-04/10/96--01028--014**
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS *****61.25**
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (941) 291-4349
Date Daytime Phone #

CR2E037 (12/95)