

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1890 HAVENDALE BLVD. NW
PO BOX 884
WINTER HAVEN FL 33881
US

Mailing Address

1890 HAVENDALE BLVD. NW
PO BOX 884
WINTER HAVEN FL 33881-1226
US



3. Date Incorporated or Qualified
10/04/1978

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

□ No

X

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

1.1 TITLE	□ Change □ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	□ Change □ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	□ Change □ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	□ Change □ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	□ Change □ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	□ Change □ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Janet Nethercott Pres. Janet Nethercott 3/17/97 (941) 291-4269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064622

CR2E037 (9/96)