## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

## NETHERCOTT MINISTRIES OF MIRACLES AND WONDERS, I

FILED	
May 20 1998 8:00am	)
Secretary of State	

 	 G.444 A.B.! A.	

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Principal Place	of Busines	Business Mailing Address			- I FODJAN BOBNI OKBNI OKBNI DIBIND DINING ARMI OKBNI OKBNI OKBNI OKBNI OKBNI OKBNI OKBNI NADI:					
1890 HAVENDAI	LE BLVD. M	N		189	1890 HAVENDALE BLVD. NW					3. Date Incorporated or Qualified
PO BOX 884			PO	PO BOX 884					10/04/1978	
WINTER HAVEN	I FL 33881				NTER HAVEN FL 33881					4. FEI Number Applied For
US				UŞ	ı					<b>59-1904989</b> Not Applicable
2. Principal Pl	ace of Busin	ness		2a.	Mailing Address					Vev CO 75 Additional
21				26						5. Certificate of Status Desired 4.1 Fee Required
Suite, Apt. :	#, elc.			L	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22				27						Trust Fund Contribution L Added to Fees
City & State	•			L	City & State					7. Is this nonprofit corporation a homeowners association?  Yes XX No
23		r	-4-	28	7:-	T	ountry			
Zip		L Cou	ntry		Zip	<b>—</b>	ouriuy			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	A Nama	25 Ad	dress of Current F	29	tored Ament	30	<del>-   -  </del>			10. Name and Address of New Registered Agent
	y, Maille	and Au	JIBSS OF CONTENT	тойіз	reien våein		81	Nar	ne.	IQ. Halino alla Addisso of New Hogistones Agolit
	AATT 144						L			
	C <b>o</b> tt, Jai 'P <b>re</b> ss g/		RIVI				82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)
	HAVEN FI						83			
!							84	City		FL 85 ZIp Code
44 Purcuent t	o the provis	pione of S	notions 617 0502 :	and 6	17 1508 Florida Statu	tes the	above	a-nam	ed corpc	
office or re	egistered ag m familiar w	gent, or b	oth, in the State of	Flori	da. Such change was f, Section 617.0503, Fl	authoriz Iorida Si	zed by	the c	orporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE										
12.	Signature, typed	I or printed r	name of registered agent a OFFICERS AND I			13		int signs	ture required	d when reinstating) DAYE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD		OFFICENS AND I	2016.0	DELETE		TITLE			☐2 Change ☐ Addition
NAME		DCOTT	JOHN S.				NAME			— · —
l			GARDENS BLV				STREET	ADDOC	ee	
STREET ADDRESS		R HAVEN					I CITY-S		~	
CITY-ST-ZIP TITLE	PD	LINATE	1 FL		☐ DELETE		TITLE	1-th	+-	☐ Change ☐ Addition
NAME		RCOTT,	IANET				NAME			— · —
STREET ADDRESS			GARDENS BLV				STREET	Annes	۱ ،	
1	_	R HAVEN				- 1	4 CATY-		~	
CITY-ST-ZIP TITLE	D	HAVE	IFC		DELETE		TITLE	31-74	+-	☐ Change ☐ Addition
NAME	_	QEN IA	MES W.				NAME		-	_ • _
STREET ADDRESS			LE BLVD., NW				STREET	ADDAF	ss	
0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R HAVEN					i. City-i		,	
CITY-ST-ZIP TITLE	AN ALIEN	TOTAL	***		DELETE	_	TITLE	, en	<del> </del>	Change Addition
NAME					_	4.3	2 NAME			
STREET ADDRESS			·				STREET	ADORE	ss l	
CITY-ST-ZIP							CITY-S		~	
TITLE					DELETE	_	TITLE		$\top$	Change Addition
NAME							NAME			
STREET ADDRESS							STREET	ADDRE	ss	
							CITY-S			
CITY-ST-ZIP TITLE					DELETE	_	TITLE		+	☐ Change ☐ Addition
							NAME			
NAME OTRET ARRESON							STREET	. VUUDE	ec	
STREET ADDRESS							i CITY. 9			

14. 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.