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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 # 744462

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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/04/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1904989
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> XIX \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	NAME NETHERCOTT, JOHN S.	1.1 TITLE	1.2 NAME
STREET ADDRESS 2411 CYPRESS GARDENS BLV	CITY-ST-ZIP WINTER HAVEN FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE PD	NAME NETHERCOTT, JANET	2.1 TITLE	2.2 NAME
STREET ADDRESS 2411 CYPRESS GARDENS BLV	CITY-ST-ZIP WINTER HAVEN FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME CLAUSSEN, JAMES W.	3.1 TITLE	3.2 NAME
STREET ADDRESS 1500 HAVENDALE BLVD., NW	CITY-ST-ZIP WINTER HAVEN FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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)(f), 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: *Janet Nethercott* SIGNATURE: *Janet Nethercott* DATE: *April 24 1999* PHONE: *291-4269*

CR2E037 (1/198)