

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744462

FILED  
Jan 20, 2004  
Secretary of State

**Entity Name:** NETHERCOTT MINISTRIES OF MIRACLES AND WONDERS, INC.

**Current Principal Place of Business:**

1890 HAVENDALE BLVD. NW  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 884  
WINTER HAVEN, FL 33881 US

**New Mailing Address:**

**FEI Number:** 59-1904989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CLAUSSEN, JAMES W  
185 BROWNING CIRCLE, SE  
WINTER HAVEN, FL 33884 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN S. NETHERCOTT

01/20/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: NETHERCOTT, JOHN S.,  
Address: 2411 CYPRESS GARDENS BLV  
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete  
Name: TWIDDY, IRENE  
Address: 6021 MISS HELEN RD  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: CLAUSSEN, JAMES W.,  
Address: 1500 HAVENDALE BLVD., NW  
City-St-Zip: WINTER HAVEN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: NETHERCOTT, JOHN S.,  
Address: 53 LAKE LINK CIRCLE SE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CLAUSSEN, JAMES W  
Address: 185 BROWNING CIRCLE SE  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W CLAUSSEN

D

01/20/2004

Electronic Signature of Signing Officer or Director

Date