

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90130 040 ****75.00

DOCUMENT # 744462

1. Entity Name

**NETHERCOTT MINISTRIES OF MIRACLES AND WONDERS, I
NC.**



Principal Place of Business

**1890 HAVENDALE BLVD. NW
WINTER HAVEN FL 33881
US**

Mailing Address

**PO BOX 884
WINTER HAVEN FL 33881
US**

2. Principal Place of Business

1890 Havendale Blvd NW, PO BOX 884

3. Mailing Address

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
WINTER HAVEN, FL

City & State
WINTER HAVEN, FLA

4. FEI Number **59-1904989**

Applied For

Not Applicable

Zip
33881

Country
POK

Zip
33882

Country
POK

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN NETHERCOTT
53 Lake Link Cir. SE
Winter Haven, FL 33884**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD**
NAME **JOHN NETHERCOTT**
STREET ADDRESS **53 Lake Link Cir. SE**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **TWIDDY, IRENE**
STREET ADDRESS **6021 MISS HELEN RD**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **CLAUSSEN, JAMES W.**
STREET ADDRESS **1500 HAVENDALE BLVD., NW**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN NETHERCOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1-4-2003 863-291-3060

CR2E037 (10/02)