

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844910 (0)

1. Corporation Name

MIRACLE CENTER MINISTRIES, INC.



Principal Place of Business

Mailing Address

1797 OLD MOULTRIE RD.
STE. 105
ST. AUGUSTINE FL 32086
US

64 SEASIDE CAPERS ROAD A1A NORTH
PO BOX 4049
ST AUGUSTINE FL 32085

3. Date Incorporated or Qualified
01/08/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

64-0627082

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVER, REV. R.R.
64 SEASIDE CAPERS ROAD A1A NORTH
ST. AUGUSTINE FL 32095

81 Name

Karen L Silver

82 Street Address (P.O. Box Number Is Not Acceptable)

64 Seaside Capers RD A1A North

83

84 City

St. Augustine

FL

85 Zip Code
32095

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 **Karen L Silver**

Karen L Silver

2/24/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SILVER, REV. R.R.
STREET ADDRESS 64 SEASIDE CAPERS-A1A N.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE VD ☐ DELETE
NAME SILVER, GREGORY
STREET ADDRESS 64 SEASIDE CAPERS RD
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE SD ☒ DELETE
NAME SILVER, MARLENE
STREET ADDRESS 64 SEASIDE CAPERS-A1A N.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE TD ☐ DELETE
NAME SILVER, KAREN
STREET ADDRESS 64 SEASIDE CAPERS A1A N.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE VD ☐ DELETE
NAME SILVER, MICHAEL
STREET ADDRESS 64 SEASIDE CAPERS RD
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☐ Addition
1.2 NAME Marlene A Silver
1.3 STREET ADDRESS 64 Seaside Capers Rd A1A North
1.4 CITY-ST-ZIP St. Augustine, FL 32095

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Karen L Silver** *Karen L Silver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96
Date

(904) 824-1860
Daytime Phone #

CR2E037 (12/95)