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FILED  
Feb 09, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-09-1999 90004 016 \*\*\*\*\*61.25

DOCUMENT # 844910

1. Corporation Name  
MIRACLE CENTER MINISTRIES, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/08/1980

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

9. Name and Address of Current Registered Agent

SILVER, KAREN L.  
64 SEASIDE CAPERS ROAD  
A1A NORTH  
ST. AUGUSTINE FL 32095

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

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

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

TITLE PSD  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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 01/08/1980  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 64-0627082  
1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Karen Silver  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99 (904) 824-1860  
Date Daytime Phone #

CR2E037 (1/98)