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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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
NAME SILVER, GREGORY
STREET ADDRESS 64 SEASIDE CAPERS RD
CITY-ST-ZIP ST. AUGUSTINE FL

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (1/98)