

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90191 007 \*\*\*\*61.25

<b>DOCUMENT # 844910</b>
1. Entity Name
<b>MIRACLE CENTER MINISTRIES, INC.</b>

Principal Place of Business	Mailing Address
<b>1797 OLD MOULTRIE RD. STE. 105 ST. AUGUSTINE FL 32086 US</b>	<b>64 SEASIDE CAPERS ROAD A1A NORTH PO BOX 4049 ST AUGUSTINE FL 32085</b>

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>64-0627082</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>SILVER, KAREN L 64 SEASIDE CAPERS ROAD A1A NORTH ST. AUGUSTINE FL 32095</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, GREGORY</b>	NAME	
STREET ADDRESS	<b>64 SEASIDE CAPERS RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	CITY-ST-ZIP	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, MARLENE</b>	NAME	
STREET ADDRESS	<b>64 SEASIDE CAPERS-A1A N.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, KAREN</b>	NAME	
STREET ADDRESS	<b>64 SEASIDE CAPERS A1A N.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, MICHAEL</b>	NAME	
STREET ADDRESS	<b>64 SEASIDE CAPERS RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Karen L Silver **SIGNATURE REQUIRED** 02/03/01 (904)824-1860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)