

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90266 041 ****61.25

DOCUMENT # 844910

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **64-0627082**

Applied For

Not Applicable

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

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

Name and Address change

Name **Karen L Paine**

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

6 Surf Dr

City

Palm Coast

FL

Zip Code

32137

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 **Karen L Paine**

Karen L Paine

2/10/03

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **TD** ☒ Change ☐ Addition
NAME **Karen Paine**
STREET ADDRESS **6 Surf Dr**
CITY-ST-ZIP **Palm Coast, FL 32137**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**

2/10/03

(904) 797-4383

CR2E037 (10/02)