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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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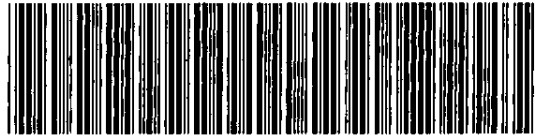
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/10--01040--002 **70.00

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2010 MAR -3 P 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR -4 2010
D.A. WHITE

Crescendo | *Total
Planned
Giving
Solutions*
Interactive

Software / Education / Multimedia / Internet

March 1, 2010

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Via UPS 3 Day Select Service

**RE: Application by Foreign Not for Profit Corporation for Authorization to Conduct Affairs in FL
Miracle Distribution Center**

To Whom It May Concern:

Crescendo Interactive, Inc. is representing Miracle Distribution Center in their application for authorization to conduct affairs in Florida. Enclosed please find Miracle Distribution Center's Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida, Certificate of Existence and \$70 application fee.

If you have any questions regarding this application or require further documentation, please contact me at (800) 858-9154 or email me at valerie@cresmail.com.

Sincerely,

CRESCENDO INTERACTIVE, INC.

Valerie Kilpatrick

Valerie Kilpatrick
Staff Attorney- Gift Annuities

Enclosures

COVER LETTER

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TO: New Filing Section
Division of Corporations

2010 MAR -3 P 2:58

SUBJECT: Miracle Distribution Center, Inc.
(Name of Corporation – must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Darin Zakich

(Name of Person)

Miracle Distribution Center

(Firm/Company)

3947 East La Palma

(Address)

Anaheim, CA 92807

(City/State and Zip Code)

For further information concerning this matter, please call:

Darin Zakich

(Name of Person)

at (714) 632-9005

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. **Miracle Distribution Center, Inc.**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **California**

(State or country under the law of which it is incorporated)

3. **33-0083896**

(FEI number, if applicable)

4. **12/13/84**

(Date of Incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **upon filing**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty/liability.)

7. **3947 East La Palma, Anaheim, CA 92807**

(Principal office address)

(Current mailing address)

8. **Religious and any legal activity**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **InCorp Services, Inc.**

Office Address: **17888 67th Court North**

Loxahatchee

(City)

Florida **33470**

(Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 **on behalf of InCorp Services, Inc.**
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
JAN 10 1985
CLERK OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Please see attached.

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Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Beverly McNeff

Address: 990 S. Peary Way

Anaheim, CA 92807

Vice President: _____

Address: _____

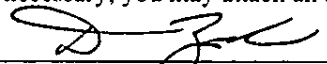
Secretary: Darin Zakich

Address: 156 N. Avenida Cienega, Anaheim, CA 92807

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DARIN ZAKICH, Secretary _____
(Typed or printed name and capacity of person signing application)



Miracle Distribution Center

A Networking Center for A Course in Miracles®
Publishers of THE HOLY ENCOUNTER

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Board of Directors
2009-2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Beverly McNeff, President - Paid
990 S. Peary Way
Anaheim, CA 92807

Darin Zakich, Secretary/Treasurer - Paid
156 N. Avenida Cienega
Anaheim, CA 92807

Jerry Rief - Not Paid
16208 Promontory Pl.
La Mirada, CA 90638

Connie Rief - Not Paid
16208 Promontory Pl.
La Mirada, CA 90638

Sandy Brisbin - Not Paid
14744 Westward Dr
Fontana, CA 92337

Ann Hutchinson - Not Paid
8400 Remington Dr
Flagstaff, AZ 86004

Howard Sell - Not Paid
2750 W. Acacia Ave. # L-29
Hemet, CA 92545

Donna Sell - Not Paid
2750 W. Acacia Ave. # L-29
Hemet, CA 92545

Stacey Physioc - Not Paid
32923 Brookseed Dr.
Trabuco Canyon, CA 92679

No member has been convicted of a crime.

State of California
Secretary of State

FILED

CERTIFICATE OF STATUS

2010 MAR -3 P 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

MIRACLE DISTRIBUTION CENTER

FILE NUMBER: C1264428
FORMATION DATE: 12/13/1984
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 09, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State