

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91754 001 ***122.50

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1. Entity Name

MIRACLE OUTREACH COMMUNITY CENTER, INC.



Principal Place of Business

**1451 DIXIE HWY
FT LAUDERDALE FL 33304**

Mailing Address

**1451 DIXIE HWY
FT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

1451 "North" DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-0324932**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NELSON, RUDOLPH SR
1451 DIXIE HWY
FT LAUDERDALE FL 33304**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **DP** ☐ Delete
NAME **NELSON, RUDOLPH SR**
STREET ADDRESS **5240 SW 23RD STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

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

TITLE **DS** ☐ Delete
NAME **MOBLEY, FRANCES**
STREET ADDRESS **5903 NW 57TH COURT D-101**
CITY-ST-ZIP **FT LAUDERDALE FL 33319**

TITLE ☐ Change ☐ Addition
NAME **Connie Thompson** ☒ Change ☐ Addition
STREET ADDRESS **4514 N.W. 56th Court**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE **DT** ☐ Delete
NAME **MOBLEY, SAMUEL SR**
STREET ADDRESS **5903 NW 57TH COURT D-101**
CITY-ST-ZIP **FT LAUDERDALE FL 33319**

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

TITLE **D** ☐ Delete
NAME **KING, WILLIE**
STREET ADDRESS **3420 NW 35TH STREET**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

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

TITLE **D** ☐ Delete
NAME **WILCHER, HERMAN**
STREET ADDRESS **639 SW 3RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

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

TITLE **D** ☐ Delete
NAME **HINDS, EVOR**
STREET ADDRESS **2660 NW 24TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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

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:

RUDOLPH NELSON

4 23 03 (954) 562-6002

CR2E037 (10/02)