## **FILED** 2003 NOT-FOR-PROFIT CORPORATION May 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State N01000005130 DOCUMENT # 05-27-2003 90175 035 \*\*\*\*70.00 MIRACLES CLUB, INC. Principal Place of Business Mailing Address 4216-C PALM BAY CIRCLE 4216-C PALM BAY CIRCLE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 3. Mailing Address 2. Principal Place of Business **P.O Box 17505** Suite, Apt. #, etc. 770 S. MILITARY TRAIL Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-1131130 WEST BALM Not Applicable WEST PAIM BEACH \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELIX SABATINE SABATINE, MARY C Street Address (P.O. Box Number is Not Acceptable) 4216-C PALM BAY CIRCLE WEST PALM BEACH FL 33406 Zip Code WEST PAIM BEACH 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. FELIX SAPATINE SIGNATURE Like Saletine, TREASURE R (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CH Change Addition TITLE TITLE Delete MOYD, RUSSELL 2340 CYPRESS ROAD AGNOLUCCI, DAVID NAME NAME STREET ADDRESS 3825 PASEO NAVARRO STREET ADDRESS WEST PAIM BEACH FL 33406 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33405 Delete 🔽 Change TITLE TITLE AGNOLUCCI, DAVID LISTLE, MIKE NAME NAME

3825 PASE O NAVARRO STREET ADDRESS 1505 N. O STREET STREET ADDRESS WEST PAIM BEACH FL 33405 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 TITLE ☐ Delete TITLE \_\_\_ Change SABATINE, FELIX NAME NAME 4216-C PALM BAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 Addition M Delete TITLE ☐ Change COUNES, MICHAEL SH 40TH STREET HELLE, MIKAL NAME NAME STREET ADDRESS 1505 N. O STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 WEST PAIM BEACH FL 38407 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LLOYD, RUSSELL NAME STREET ADDRESS 2340 CYPRESS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE WEST PALM BEACH FL 33406 RS Addition TITLE Delete TITLE ☐ Change EUBANKS, MARCEILUS 310 SPRUCE STREET MCCULLEM, PHIL NAME NAME 1001 NORTH ALT. A1A STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33426 JUPITER FL 33477

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.

2-28-03 561/471-9116