

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

04-22-2004 90087 008 *****61.25

DOCUMENT # N03000006881					
1. Entity Name WHITE STONE INTERNATIONAL, MIRACLES FROM ABOVE CHILDREN SERVICES, INC.					
Principal Place of Business WSI 1405 WEST 10TH STREET JACKSONVILLE FL 32209			Mailing Address WSI 1405 WEST 10TH STREET JACKSONVILLE FL 32209		
2. Principal Place of Business 1405 W 10th St Suite, Apt. #, etc.		3. Mailing Address 1405 W 10th St Suite, Apt. #, etc.			
City & State JAX FL 9 Zip: 32209		City & State JAX, FL 9 Zip: 32209		4. FEI Number 45-0522010	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADDIE, SHERMAN F SR. 1405 WEST 10TH STREET JACKSONVILLE FL 32209			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MADDIE, SHERMAN F SR. 1405 WEST 10TH STREET JACKSONVILLE FL 32209		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MADDIE, JANICE T 814 ELLIS ROAD SOUTH JACKSONVILLE FL 32205		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PRINGLE, MIRANDA M 531 SOUTH MCDUFF AVENUE JACKSONVILLE FL 32205		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Maddie Sherman</i> President 904-307-7424					

00419407



MOORE CR2E037 (11/03)

FL Zip Code

5-3-04