2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# N03000007453

Entity Name: MIRACLES IN PROGRESS, INC.

Current Principal Place of Business:

971 WILD PINE RD
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

971 WILD PINE RD
MIMS, FL 32754

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAPMAN, JILL
971 WILD PINE RD
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHAPMAN, JILL
Address: 971 WILD PINE RD
City-St-Zip: MIMS, FL 32754

Title: SD ( ) Delete
Name: OSBORNE, TAMMY
Address: 1016 BLUE JACK OAK
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: OSBORNE, MARTI
Address: 247 LAKERIDGE
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: SANTUCCI, KERRI
Address: 5769 OAK LAKE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL CHAPMAN PD 07/06/2005
Electronic Signature of Signing Officer or Director — Date