


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000011093	
1. Entity Name MIRACLE VILLAGE, INC.	

Principal Place of Business 1329 ABRAHAM ST TALLAHASSEE, FL 32304	Mailing Address 1329 ABRAHAM ST TALLAHASSEE, FL 32304
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03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 16-1692239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DIVITO, JOSEPH A C/O DIVITO & HIGHAM, P.A. 4514 CEBTRAK AVE ST PETERSBURG, FL 33711

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKNER, EDWARD 3703 BROPH BLVD COCOA, FL 329264004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, SHIRLEY 3700 GLEN OAKS MANOR DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORDHAM, LORI 1755 18TH ST SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKLIN, FREDDIE 1329 ABRAHAM ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, EUGENE PO BOX 592 MIDWAY, FL 32343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CLINTON 1205 RICHMOND ST TALLAHASSEE, FL 32304

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03/21/05-80077-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05 850-224-8484
Date Daytime Phone #