

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003217

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** MIRACLE HOUSE OF PALM BEACH COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

19938 WILKINSON LEAS RD.,  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

19938 WILKINSON LEAS RD.,  
TEQUESTA, FL 33469

**New Mailing Address:**

**FEI Number:** 26-2346492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KOLAR, JAMES R  
19938 WILKINSON LEAS RD.  
TEQUESTA, FL 33469 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: KOLAR, JAMES R  
Address: 19938 WILKINSON LEAS RD.  
City-St-Zip: TEQUESTA, FL 33469

Title: VPD ( ) Delete  
Name: MCMILLAN, JENNIFER  
Address: 1858 ASCOTT RD.  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: STD ( ) Delete  
Name: KUYAWA, RYAN  
Address: 1017 10TH WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: MULLEN, JAMES DR  
Address: 8882 ESTATE DRIVE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: SMITH, DONALD R ESQ  
Address: 11891 U.S. HWY ONE  
City-St-Zip: NORTH PALM BEACH, FL 33408

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES R KOLAR

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date