

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:30

DOCUMENT # **N21075** (9)

1. Corporation Name
MIRACLES IN MARRIAGES, INC.

Principal Place of Business Mailing Address
641 P. O. BOX 24361 FT. LAUDERDALE FL 33307-1361
641 P. O. BOX 24361 FT. LAUDERDALE FL 33307-1361

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/09/1987** 3a. Date of Last Report **03/01/1994**
4. FEI Number **65-0003110** Applied For: Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent
**MCGOVERN, KIM
1210 STARDUST
N LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP BRYSON, RUTH 217 HENCRICKS ISLES FT. LAUDERDALE FL 33062
DV MCGOVERN, KIM 1210 STARDUST N LAUDERDALE FL
DV ROBOTHAM, DENISE 792 N.W. 45TH ST. POMPANO BEACH FL 33064
ST LOPERFIDO, LORRAINE 49 MATADOR LN DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME **DV McGovern, Kim**
2.3 STREET ADDRESS **910 NW 6th Ave**
2.4 CITY-ST-ZIP **Crystal River FL 34428**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME **ST Loperfido, Lorraine**
4.3 STREET ADDRESS **557 NW 97th Ave**
4.4 CITY-ST-ZIP **Plantation, FL 33324**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Bryson 3-17-95 305 462 0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Indicate if new)