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FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N21075 (9)**  
1. Corporation Name  
**MIRACLES IN MARRIAGES, INC.**



Principal Place of Business  
**910 NW 6TH AVE.  
CRYSTAL RIVER FL 34428**

Mailing Address  
**910 NW 6TH AVE.  
CRYSTAL RIVER FL 34428**

3. Date Incorporated or Qualified  
**06/09/1987**

4. FEI Number  
**65-0003110**

Applied For  
 Applied For  
 Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

24 Zip Country

25 Country

29 Zip Country

30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGOVERN, KIM  
1210 STARDUST  
N LAUDERDALE FL 33088**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**910 NW 6 Avenue**  
83 ~~Crystal River~~  
84 City **Crystal River** FL 85 Zip Code **34428**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 is 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>D</b>	<b>BRYSON, RUTH</b>	<b>P.O. BOX 927</b>	<input type="checkbox"/>
		<b>CORTEZUDERDALE FL 34215</b>		
	<b>DV</b>	<b>MCGOVERN, KIM</b>	<b>910 NW 6TH AVE</b>	<input type="checkbox"/>
		<b>CRYSTAL RIVER FL 34215</b>		
	<b>DV</b>	<b>NICCOLS, DESIRE</b>	<b>13 GADSBY WAY</b>	<input type="checkbox"/>
		<b>BOYNTON BEACH FL 33482</b>		
	<b>DST</b>	<b>LOPERFIDO, LORRAINE</b>	<b>557 NW 97 AVE</b>	<input type="checkbox"/>
		<b>PLANTATION FL</b>		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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: Kim E. McGovern Date: 1-5-98 Daytime Phone # 352-564-8323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)