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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21075

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/09/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 65-0003110

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGOVERN, KIM
 910 NW 6 AVE
 CRYSTAL RIVER FL 34428

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 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 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 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 D DELETE
 NAME BRYSON, RUTH
 STREET ADDRESS P.O. BOX 927
 CITY-ST-ZIP CORTEZUDERDALE FL 34215

1.1 TITLE Change Addition
 1.2 NAME BRYSON, Ruth
 1.3 STREET ADDRESS 1001 Carpenters Way
 1.4 CITY-ST-ZIP Lakeland, Fla 33809

TITLE DV DELETE
 NAME MCGOVERN, KIM
 STREET ADDRESS 910 NW 6TH AVE
 CITY-ST-ZIP CRYSTAL RIVER FL 34428

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DV DELETE
 NAME NICCOLS, DESIRE
 STREET ADDRESS 13 GADSBY WAY
 CITY-ST-ZIP BOYNTON BEACH FL 33462

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DST DELETE
 NAME LOPERFIDO, LORRAINE
 STREET ADDRESS 557 NW 97 AVE
 CITY-ST-ZIP PLANTATION FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-99

Date

352-564-8323

Daytime Phone #

CR2E037 (1/98)