

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90072 005 ****61.25

DOCUMENT # N21075

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0003110

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGOVERN, KIM
 910 NW 6 AVE
 CRYSTAL RIVER FL 34428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRYSON, RUTH | |
| STREET ADDRESS | 4125 FLAGLER EST. BLVD | |
| CITY-ST-ZIP | HASTINGS FL 32145 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | MCGOVERN, KIM | |
| STREET ADDRESS | 910 NW 6TH AVE | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34428 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | NICCOLS, DESIREE' | |
| STREET ADDRESS | 13 GADSBY WAY | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33462 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | LOPERFIDO, LORRAINE | |
| STREET ADDRESS | 557 NW 97 AVE | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim E. McGovern
4/6/02

Date

352-564-8323
352-794-0067

Daytime Phone #

CR2E037 (9/01)