


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 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 # N34825 (2) 1. Corporation Name CHURCH OF MIRACLES, INC.					
Principal Place of Business % ED PAGE 13819 G WALSINGHAM RD. STE 200 LARGO FL 33774 US			Mailing Address % ED PAGE 13819 G WALSINGHAM RD. STE 200 LARGO FL 33774 US		
2. Principal Place of Business 21 873 WEST BAY DRIVE Suite, Apt. #, etc. 22 #101 City & State 23 LARGO, FL Zip 24 33770-3221		2a. Mailing Address 26 873 WEST BAY DRIVE Suite, Apt. #, etc. 27 #101 City & State 28 LARGO, FL Zip 29 33770-3221		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent PAGE, ED 13819 G WALSINGHAM RD LARGO FL 33774					
10. Name and Address of New Registered Agent 81 Name ED PAGE 82 Street Address (P.O. Box Number is Not Acceptable) 83 873 WEST BAY DRIVE STE 101 84 City LARGO FL 85 Zip Code 33770-3221					
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 <i>[Signature]</i> 1-26-98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PMD PAGE, ED 13819 G WALSINGHAM RD LARGO FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VTD BARON, SHIRLEY 118 ASPEN CIRCLE SEMINOLE FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VSD COLBY, MONICA 24 181ST AVE REDINGTON BEACH FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS		873 WEST BAY DRIVE #101			
1.4 CITY-ST-ZIP		LARGO, FL 33770-3221			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (10/97)

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: *[Signature]* **EDMOND PAGE 1-26-98**
813 824-7738