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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 Mailing Address
% ED PAGE 43815 G WALSINGHAM RD, STE 200 LARGO FL 33774 US
% ED PAGE 13819 G WALSINGHAM RD, STE 200 LARGO FL 33774 US

3. Date Incorporated or Qualified 10/20/1989
4. FEI Number 59-2976992 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 873 WEST BAY DRIVE Suite, Apt. #, etc. #101
22 #101
23 LARGO, FL City & State
24 33770-3221 Zip Country USA
25 USA
26 873 WEST BAY DRIVE Suite, Apt. #, etc. #101
27 #101
28 LARGO, FL City & State
29 33770-3221 Zip Country 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 *[Signature]* DATE 1-26-98

12. OFFICERS AND DIRECTORS

TITLE	PMD	<input type="checkbox"/> DELETE
NAME	PAGE, ED	
STREET ADDRESS	43815 G WALSINGHAM	
CITY-ST-ZIP	LARGO FL	
TITLE	VID	<input type="checkbox"/> DELETE
NAME	BARON, SHIRLEY	
STREET ADDRESS	118 ASPEN CIRCLE	
CITY-ST-ZIP	SEMNOLE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	COLBY, MONICA	
STREET ADDRESS	24 181ST AVE	
CITY-ST-ZIP	REDINGTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	

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

CR2E037 (10/97)