FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N464

(3)

MIRACLE OUTREACH MINISTRY OF DADE COUNTY, INCORPORATED

Principal Place of Business

Mailing Address

4015 BARNA AVENUE TITUSVILLE FL 32780 4015 BARNA AVENUE TITUSVILLE FL 32780-60

FILED Apr 25 1997 8:00am Secretary of State



TITUSVILLE FL 32780		TITU\$VILLE FL 32780-6037								
						3. Date Incorporated or Qualified 12/13/1991	3a. Dat	e of Last I 05/01/18	Report 196	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1	_ A	pplied For	
21		26				59-3136310		N	ot Applicable	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional	
22		27						lequired		
City & State	9	City & State	⊢ ' '			6. Election Campaign Financing			May Be	
23 Zip	Country Z _{ID}					Trust Fund Contribution	<u> </u>		to Fees	
	├ ¬	Zιρ		untry		8. This corporation has liability for i			s. 199.032,	
24	25 Name and Address of Curre	25 29 30 and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	s, Italia and Address of Curre	ant Hegistered Agent		81	Name	10. Name and Address of New Re	gistered A	gent		
MANINY	101110				7401110					
MONDY,					82 Street Address (P.O. Box Number is Not Acceptable)					
	RNA AVENUE		83							
IIIOSVIL	LE FL 32780			03						
				84	City		FL	85 Zip	Code	
11. Pursuent l	to the provisions of Sections 617.05	02 and 617 1508 Florida S	tatutes the a	bove	a-named core	poration submits this statement for the p		rhanning i	ite registered	
office or re	egistered agent, or both, in the Stat	e of Florida. Such change	was authorize	d by	the corpora	tion's board of directors. I hereby accep	t the appo	intment as	s registered	
	m tamiliar with, and accept the obli	gations of, Section 617.050	3, Florida Sta	itutes	Doll	Laure Marche	111.	-1		
SIGNATURE .	Signature, typed or printed name of registered a	gent and title it applicable	(NOTE: Registers	erA he	nt signature requi	fred when reinslating)	7/13	<u> 147</u>		
12.		ND DIRECTORS	13.		an organization of rodon	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12	
TITLE	D	☐ DELETO	1,1 T	ITLE				Change	Addition	
NAME	MONDY, LOUIS		1.2 N	1.2 NAME				_ •		
STREET ADDRESS	4015 BARRA AVENUE				ADDRESS					
CITY-ST-ZIP	TITUSVILLE FL		1.4 CI							
TITLE	D DELETÉ			2.1 TITLE				Change	Addition	
NAME	HARRIS, SARETTA		2.2 N	IAME				_ •		
STREET ADDRESS	2545 N.W. 61ST ST.		2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		2.4 CIT							
TITLE	D	DELETE		3.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	FERGUSON, INEZ		3.2 N	3.2 NAME					_	
STREET ADDRESS			3.3 S	3.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			3.4. CITY-ST-ZIP						
TITLE	D DELETE			4.1 TITLE				Change	Addition	
NAME	BYRD, EARTHA L.		4.21	4. 2 NAME			_	•	-	
STREET ADDRESS	A		1	4.3 STREET ADDRESS						
CITY-ST-ZIP	MIMS FL			4.4 CITY - ST - ZIP						
TITLE	D DELETE			5.1 TITLE			I	Change	Addition	
NAME	MONDY, BEATRICE		5.2 N	5.2 NAME		·	_	-		
STREET ADDRESS	AAAR BARIIA ALGE			5.3 STREET ADDRESS						
CITY-ST-ZIP	TITUSVILLE FL			ITY-SI						
TITLE		DELETE						Change	Addition	
NAME			6.2 N					. •	_ '	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				HTY-SI						
OUT-SITER			0.4 0	111-5	1-511					

I do 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.