


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90033 037 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000000421</b>					
1. Corporation Name <b>MIRACLES OF FAITH MINISTRIES, INC.</b>					
Principal Place of Business 2105 PHOENIX AVE JACKSONVILLE FL 32206 US			Mailing Address POST OFFICE BOX 13002 JACKSONVILLE FL 32206		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/01/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3142126	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARR, LEON E 2111 PHOENIX AVE 1125-B East 11th ST. JACKSONVILLE FL 32206				81 Name CARR, LEON E.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1125-B East 11th St.			
				83			
				84 City JACKSONVILLE FL			
				85 Zip Code 32206			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, LEON E.		1.2 NAME	CARR, LEON E.	
STREET ADDRESS	2111 PHOENIX AVE		1.3 STREET ADDRESS	1125-B EAST 11th ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JR. J		2.2 NAME	PAYNE, JR. James A.	
STREET ADDRESS	705 PIPPEN ST		2.3 STREET ADDRESS	2600 ART MUSEUM DR, Apt 213	
CITY-ST-ZIP	JACKSONVILLE FL 32206		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VPDS	<input type="checkbox"/> DELETE	3.1 TITLE	V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, GWENDOLYN L.		3.2 NAME	CARR, Gwendolyn L.	
STREET ADDRESS	655 WOODWARD AVE		3.3 STREET ADDRESS	1125-B East 11th St.	
CITY-ST-ZIP	WAYCROSS GA 31503		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:** *Gwendolyn L. Carr* **SIGNATURE REQUIRED** Gwendolyn L. CARR 03/25/99 (904)353-433

CR2E037 (11/98)