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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000659					
1. Corporation Name MIRACLE OF JESUS CHRIST, INC.					
Principal Place of Business 3544 ESTATE ROAD TALLAHASSEE FL 32301			Mailing Address PO BOX 94 MADISON FL 32341		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/09/1994	
4. FEI Number 59-3312900		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Trust Fund Contribution			
9. Name and Address of Current Registered Agent GASPER, CHARLIE 734 PUTNAM DR. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	

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, Sections 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	
NAME	HAMPTON, CLARA	1.2 NAME	
STREET ADDRESS	821 KENDALL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	ED	2.1 TITLE	
NAME	JONES, CHARLES	2.2 NAME	
STREET ADDRESS	731 COBLE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE	ED	3.1 TITLE	
NAME	GASPER, CHARLIE	3.2 NAME	
STREET ADDRESS	734 PUTNAM DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Charles Gasper SIGNATURE REQUIRED

9-1-99

CR2E037 (1/98)