

FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002318 (3)**

1. Corporation Name

MIRACLE MINISTRIES, INC.



Principal Place of Business 1238 VOYAGER STREET DELTONA FL 32725	Mailing Address 1238 VOYAGER STREET DELTONA FL 32725-8337
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3. Date Incorporated or Qualified 05/05/1994	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3247458	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BISHOP, JAMES W SR
1238 VOYAGER STREET
DELTONA FL 32725**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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, Section 617.0503, Florida Statutes.

SIGNATURE: *James W. Bishop Jr.* **JAMES W. BISHOP SR.** DATE: **4/25/97 - 407-574-900**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TRUS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, JAMES W SR	1.2 NAME	
STREET ADDRESS	1238 VOYAGER ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	1.4 CITY - ST - ZIP	
TITLE	TRUS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, HELEN V	2.2 NAME	
STREET ADDRESS	1238 VOYAGER ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	2.4 CITY - ST - ZIP	
TITLE	TRUS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISH, TESS A	3.2 NAME	
STREET ADDRESS	927 RADCLIFF ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL 32725	3.4 CITY - ST - ZIP	
TITLE		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		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		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 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 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, and that my name appears in Block 12; and that I am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name is the address.

SIGNATURE: *Tess A. Kish* **REQUIRED** DATE: **4/25/97** DAYTIME PHONE: **904-268-0964**

CR2E037 (9/96)