## FILE NOW: FILING FEE IS \$61.25

26

Suite, Apt. #, etc.

NONPROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N94000002318 (3) MIRACLE MINISTRIES. INC. Principal Place of Business Mailing Address **1238 VOYAGER STREET** 1238 VOYAGER STREET 3. Date Incorporated or Qualified **DELTONA FL 32725 DELTONA FL 32725** 05/05/1994 4. FEI Number Applied For 59-3247458 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 

\$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes □ No 23 28 Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BISHOP, JAMES W SR 82 Street Address (P.O. Box Number is Not Acceptable) **1238 VOYAGER STREET** 83 **DELTONA FL 32725** 

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.

City

**SIGNATURE** Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent alignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition BISHOP, JAMES W SR NAME 1.2 NAME 1238 VOYAGER ST. STREET ADDRESS 1.3 STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE TRUS 2.1 TITLE BISHOP, HELEN V NAME 2.2 NAME 1238 VOYAGER ST. STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE KISH, TESS A NAME 3.2 NAME 3801 CROWN PT. AVE., UNIT 1225 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE \_\_ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST- ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TM F 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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.

ames W. Bishow S. - James W. BISHOD SR SIGNATURE:

FILED

Apr 10 1998 8:00am

5. Certificate of Status Desired

Fee Required

Zip Code