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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000002318**

1. Corporation Name
MIRACLE MINISTRIES, INC.

Principal Place of Business
 1238 VOYAGER STREET
 DELTONA FL 32725

Mailing Address
 1238 VOYAGER STREET
 DELTONA FL 32725



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/05/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3247458	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	\$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing <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			
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

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TRUS <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISH, TESS A	3.2 NAME	
STREET ADDRESS	3801 CROWN PT. AVE., UNIT 1225	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
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: *James W Bishop* **JAMES W. BISHOP SR.** 4/7/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/1/98)