

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002318

1. Entity Name

MIRACLE MINISTRIES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90104 027 ****61.25

Principal Place of Business

Mailing Address

1238 VOYAGER STREET
DELTONA FL 32725

1238 VOYAGER STREET
DELTONA FL 32725-8337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3247458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BISHOP, JAMES W SR
1238 VOYAGER STREET
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TRUS
STREET ADDRESS BISHOP, JAMES W SR
CITY-ST-ZIP 1238 VOYAGER ST.
DELTONA FL 32725

TITLE ☐ Delete
NAME TRUS
STREET ADDRESS BISHOP, HELEN V
CITY-ST-ZIP 1238 VOYAGER ST.
DELTONA FL 32725

TITLE ☐ Delete
NAME TR
STREET ADDRESS KISH, TESS A
CITY-ST-ZIP 3801 CROWN PT. AVE., UNIT 1225
JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

Date

407-594-9005

Daytime Phone #

CR2E037 (9/99)