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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005981 (4)**

1. Corporation Name

SHEBA MIRACLE MINISTRIES, INC.

Principal Place of Business

**1869 MOURNING DOVE DRIVE
PALM HARBOR FL 34683**

Mailing Address

**1869 MOURNING DOVE DRIVE
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

59-3354187

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 775 S. BAN RIV DR

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Merritt Island

28

Zip

Country

Zip

Country

24 FL 32952

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIRACLE, SHEBA
1869 MOURNING DOVE DRIVE
PALM HARBOR FL 34683**

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

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 **D** ☐ DELETE
NAME **MIRACLE, SHEBA**
STREET ADDRESS **1869 MOURNING DOVE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☒ DELETE
NAME **PUCKETT, PHOENICIA**
STREET ADDRESS **101 E POINT RD**
CITY-ST-ZIP **SAVANNAH GA**

TITLE **D** ☒ DELETE
NAME **RAMSEY, BETHANY**
STREET ADDRESS **15210 AMBERLY DRIVE #825**
CITY-ST-ZIP **TAMPA FL 33637**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Pres/Dir Miracle, Sheba D ☒ Change ☐ Addition
775 S Banana River Drive
Merritt Island, FL 32952

Secretary D ☒ Change ☐ Addition
Shari Hall
219 Nottingham Dr, Middleboro,
TY 40965

Vic President D ☒ Change ☐ Addition
Joyce Charles
2564 Ring Place
Cinn, OH 45204

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069570

CR2E037 (10/97)