

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005981

1. Entity Name

SHEBA MIRACLE MINISTRIES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90293 007 \*\*\*\*61.28

Principal Place of Business

775 S BAN RIV DR  
 MERITT ISLAND FL 32952  
 US

Mailing Address

1869 MOURNING DOVE DRIVE  
 PALM HARBOR FL 34683-4826

2. Principal Place of Business

3. Mailing Address

775 S. BAN. RIV. DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Mer. IS. 2L. 32952

City & State

City & State

Mer IS. 2L. 32952

Zip

Country

Zip

32952

Country

USA

4. FEI Number

59-3354187

Applied For

Not Applicable

5. Certificate of Status Desired

73274175

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRACLE, SHEBA  
 1869 MOURNING DOVE DRIVE  
 PALM HARBOR FL 34683

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIRACLE, SHEBA	
STREET ADDRESS	775 S BANANA RIVER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD...	<input type="checkbox"/> Delete
NAME	HALL, SHARI	
STREET ADDRESS	219 NOTTINGHAM DRIVE	
CITY-ST-ZIP	MIDDLEBORO TY 40965	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHARLES, JOYCE	
STREET ADDRESS	2564 RING PLACE	
CITY-ST-ZIP	CINN OH 45204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2000

407 459 1843

Date

Daytime Phone #

CR2E037 (9/99)