


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001151 (7) 1. Corporation Name GENERATIONS OF MIRACLES WORLDWIDE MINISTRIES, INC.					
Principal Place of Business 12605 ULMERTON RD. LARGO FL 34644			Mailing Address 12605 ULMERTON RD. LARGO FL 34644		
2. Principal Place of Business 21 1403 North myrtle Ave Suite, Apt. #, etc. 22 Suite B City & State 23 Clearwater, FL Zip 24 33755		2a. Mailing Address 26 1403 North myrtle Ave Suite, Apt. #, etc. 27 Suite B City & State 28 Clearwater, FL Zip 29 33755		3. Date Incorporated or Qualified 02/28/1996 4. FEI Number 59-3213154 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOLTE, TONY F 12605 ULMERTON RD. LARGO FL 34644			10. Name and Address of New Registered Agent 81 Name HOLTE TONY F 82 Street Address (P.O. Box Number is Not Acceptable) 5425 60th Way North 83 84 City St. Petersburg FL 85 Zip Code 33709		
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLTE, TONY F	1.2 NAME			
STREET ADDRESS	5425 60TH WAY NORTH	1.3 STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG FL 33709	1.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORDON, ERIC D	2.2 NAME			
STREET ADDRESS	334 - 40TH ST. SOUTH	2.3 STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG FL 33711	2.4 CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLTE, TRAVIS L	3.2 NAME			
STREET ADDRESS	4444 - 15TH AVE. SOUTH	3.3 STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG FL 33711	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.					
SIGNATURE: Tony F Holte TONY F HOLTE 4-24-98 547-7940 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054047					

CR2E037 (10/97)