## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # N9600004655

1. Corporation Name

### LOVE AND MIRACLES OF JESUS CHRIST CORPORATION

Principal Place of Business								
11578 N.W. 42ND ST. CORAL SPRINGS FL 33065								

Mailing Address

# **FILED** Mar 03, 1999 8:00 am § Secretary of State 03-03-1999 90004 011 \*\*\*\*61.25

11578 N.W. 429 CORAL SPRING US		11578 N.W. 42ND ST. CORAL SPRINGS FL 33065 US						
	7.3				, y ve a 1 1 m m m			•
	ace of Business	2a. Mailing Address	Δ	á. alt .a	3. Date Incorporated or Qualifed			
21 4171	NW 110 Ave North 51De		HNG.	Noethsid	08/30/1996	114	anti-d Can	
Suité, Apt.	· · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			4. FEI Number 65-0695754		oplied For ot Applicable	
22 200		27 CORAL SPRING	کئ		00 0000104	<del></del>	Additional	
City & State		H 1. 000//			5. Certifcate of Status Desired .	<b>*</b> • • • •	equired	
23   F.L.     Zip	33065 Country		ountry	<del></del>	6. Election Campaign Financing	\$5.00	May Be	
24	25 1/5	29 30	1)5		Trust Fund Contribution		to Fees	<b>.</b> .
24	9. Name and Address of Current I	<u> </u>	7		10. Name and Address of New Registered A	\gent		
			81	Name			}	
PAULI, OS	CAR A		82	Street Address	ss (P.O. Box Number is Not Acceptable)			
	ERLY BLVD. APT #110			Oli CCC / Addi GC	55 (1.15. 55) (1.15. 15 (1.15) (1.15. 15 (1.15) (1.15. 15 (1.15) (1.15. 15 (1.15) (1.15. 15 (1.15) (1.15. 15 (1.15) (1.15) (1.15. 15 (1.15) (1.			
	UDERDALE FL 33068		83				-	
			84	City	·	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, the	e above	-named corpor he corporation	ration submits this statement for the purpose of the board of directors. I hereby accept the appoint	changing it itment as n	s registered [	
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, Florida S	tatutes.		The state of the s		-	
SIGNATURE								-
12.	Signature, typed or printed name of registered agent a OFFICERS AND		3.	signature required v	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	Q/
TITLE	PD		1 TITLE	PK		Change	☐ Addition	,
NAME	PAULI, OSCAR A	1:	2 NAME	PAU	uli OSCAR		1	7
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	X.	3 STREET	ADDRESS 417	I NW 110 Ave. Worth Side			Ĺ
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		4 CITY-ST		aral springs Fl. 33065			2
TITLE	VD	☐ DELETE 2.	1 TITLE	Vδ	, 3	Change	Addition	-(
NAME	HEGEL, NELIDA B	2.	2 NAME	HEO	GEL NELIDA MORTH STINE	•		
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	2	STREET	ADDRESS 417	GET, INE HIDA 71 NW 110 AVE. North Side	,		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		4 CITY-ST	r-zip C	DEAL SPRINGS, FL, 33065			
TITLE	TD	☐ DELETE 3.	1 TITLE	71		Change	☐ Addition	
NAME	PAULI, GRISELDA E	1 '	2 NAME	( )	ill, Griselan I NW 110 Ave . Noeth side	1		
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	) E	3)STREET			•		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		4. CITY-ST	<del></del>	deal springs fl, 33065	Change	Addition	
TITLE	SD		t TITLE	151	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	∐ Addition	
NAME	HERNANDEZ, LUIS D	,	2 NAME		ENANDES LUIS		31.00	
STREET ADDRESS	7503 KIMBERLY BLVD. APT #110	·	STREET.		21 NW 110 Ave North Side			
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		4 CITY-ST		CAL SECONS FL 33065	Change	☐ Addition	
TITLE	D		1 TITLE 2 NAME	Pár	OT, MARIA		]	
NAME	LACOT, MARIA M		.2 NAME .3 STREET.	ADDRESS XD	40 COLONY CIECLE BLAG 2/A	P1.30S		
STREET ADDRESS	8040 COLONY CIRCLE BLDG 2,	AF 1. 303	.4 CITY-ST	1 1.0	MARAC, FL 33321			
CITY-ST-ZIP	TAMARAC FL 33321		4 UIIY-SI 1 TITLE	*AF /1"]!		Change	Addition	
TITLE		C Dece, a	2 NAME					
NAME			.3 STREET.	ADDRESS			}	
STREET ADDRESS	!	0.	S SINCE!	7007200			i i	

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.

6.4 CITY-ST-ZIP

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR