

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2000 8:00 am**
Secretary of State

04-19-2000 90113 047 ****61.25

DOCUMENT # N97000001174

1. Entity Name

MIRACLE CHURCH OF GOD, INC.

Principal Place of Business

Mailing Address

**704 BAHIA CIRCLE
OCALA FL 34472****704 BAHIA CIRCLE
OCALA FL 34472-8832****- 11390**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3161225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEDDIE, GILMORE E
704 BAHIA CIRCLE
OCALA FL 34472**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **PEDDIE, GILMORE E**
CITY-ST-ZIP **704 BAHIA CIRCLE
OCALA FL 34472**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **STD**
STREET ADDRESS **PEDDIE, VETA E**
CITY-ST-ZIP **704 BAHIA CIRCLE
OCALA FL 34472**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **CLARKE, BALFOUR**
CITY-ST-ZIP **20 SPRINGLANE WAY
OCALA FL 34472**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED GILMORE, E. PEDDIE 4-24-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

N97000001174

11390

Miracle Church of God INC

704 Bahia Circle

Ocala, Florida 34472

Phone (904) 687-1178

352

4-24-2000

59-3161225

DOC#N97000001174

Pastor G. Peddie

DIVISION OF CORP

PO BOX 1500

TALLAHASSEE, FL 32302-1500

Dear Sir,

THIS IS TO INFORM YOU THAT IVE JUST RE-
CEIVED YOUR OFFICIAL UBR FORM. IT SEEMS THAT THIS
PERSON THAT HAND IT TO ME HAD IT FOR A LONG TIME
AT THEIR HOME, BUT THEY JUST HAND IT TO ME, SO
I ~~THE~~ SIGNED MY NAME, PRINTED MY NAME, DATED
IT, AND PRINT DAYTIME PHONE#. I TRUST THAT
YOU RECEIVED THE FORM THAT YOU SENT ME
ALONG WITH THE \$61-25. I JUST JOIN THIS AM SOUTH
BANK JUST THE DAY BEFORE I SENT YOU THAT
CHECK OF \$61-25, SO I HAD WAS TO HAND PRINT
CHURCH NAME ON THE CHECK, SO I TRUST IT WILL
BE VALID. THANK YOU FOR TAKING THE TIME TO
READ THIS LONG NOTE.

SINCERELY YOURS

Glenore G. Peddie P.D FOR THE
ABOVE CHURCH.