

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 049 ****61.25

DOCUMENT # N98000000283

1. Corporation Name

MIRACLE CENTER FELLOWSHIP MINISTRY, INC.

Principal Place of Business

11960 SW 217TH STREET
GOULDS FL 33170

Mailing Address

RT 13 BOX 919-21
LAKE CITY FL 32055



2. Principal Place of Business

21 902 Pow Wow Trail

2a. Mailing Address

26 902 Pow Wow Trail

3. Date Incorporated or Qualified
01/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0261645

Applied For

Not Applicable

City & State

23 TALLAHASSEE, FLORIDA

City & State

28 TALLAHASSEE, FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

24 32304

25 US

Zip

Country

29 32304

30 US

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LACOUNT, ELIJAH
12430 SW 184 ST.
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name LACOUNT, ELIJAH

82 Street Address (P.O. Box Number is Not Acceptable)

902 Pow Wow Trail

83

84 City Tallahassee

FL

85 Zip Code 32304

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

ELIJAH LACOUNT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

8/10/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME LACOUNT, ELIJAH
STREET ADDRESS 12430 SW 184 ST
CITY-ST-ZIP MIAMI FL 33177

☐ DELETE

TITLE D
NAME LACOUNT, EDNA R
STREET ADDRESS 12430 SW 184 ST
CITY-ST-ZIP MIAMI FL 33177

☐ DELETE

TITLE D
NAME ROBINSON, ATHENIA
STREET ADDRESS 10760 SW 149 TERR
CITY-ST-ZIP MIAMI FL 33176

☒ DELETE

TITLE D
NAME PICKFORD, SADIE
STREET ADDRESS 14544 SW 105 CT
CITY-ST-ZIP MIAMI FL 33176

☒ DELETE

TITLE D
NAME BRINKLEY, VAN
STREET ADDRESS 8160 NW 14 AV
CITY-ST-ZIP MIAMI FL 33147

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

ELIJAH LACOUNT

Date

Daytime Phone #

8/10/99 576-8227