

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90187 034 ****61.25

DOCUMENT # N98000000283

1. Entity Name

MIRACLE CENTER FELLOWSHIP MINISTRY, INC.

Principal Place of Business

Mailing Address

902 POW WOW TRAIL
TALLAHASSEE FL 32304
US

902 POW WOW TRAIL
TALLAHASSEE FL 32304
US

2. Principal Place of Business

12430 SW 184 STREET

3. Mailing Address

12430 SW 184 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33177

Country

US

Zip

33177

Country

US

4. FEI Number

65-0261645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACOUNT, ELIJAH
902 POW WOW TRAIL
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name **ELIJAH LACOUNT**
Street Address (P.O. Box Number is Not Acceptable) **12430 SW 184 Street**
City **MIAMI** FL Zip Code **33177**

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 **ELIJAH LACOUNT**

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

(NOT: Registered Agent signature required when reinstating)

DATE

01/20/01

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

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

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

TITLE **D** ☐ Delete
NAME **LACOUNT, ANICIA M**
STREET ADDRESS **902 POW WOW TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **D** ☐ Delete
NAME **LACOUNT, CHRISTOPHER**
STREET ADDRESS **2202 W PENSACOLA ST #57**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **LACOUNT, ANICIA, M.**
STREET ADDRESS **12430 SW 184 Street**
CITY-ST-ZIP **MIAMI, FLORIDA 33177**

TITLE ☒ Change ☐ Addition
NAME **LACOUNT, CHRISTOPHER**
STREET ADDRESS **12430 SW 184 Street**
CITY-ST-ZIP **MIAMI, FLORIDA 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ELIJAH LACOUNT** **01/20/01** **1-786-242-7061**

Date

Daytime Phone #

CR2E037 (10/00)