

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90152 023 ****61.25

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DOCUMENT # N98000001952

1. Corporation Name

MIRA FOUNDATION, INC.

Principal Place of Business

8050 W. MCNAB RD., #108
TAMARAC FL 33321

Mailing Address

8050 W. MCNAB RD., #108
TAMARAC FL 33321



2. Principal Place of Business

21 8050 W. McNab RD
Suite, Apt. #, etc.

22 #312

City & State

23 TAMARAC, FL

Zip Country

24 33321 25 USA

2a. Mailing Address

26 8050 W. McNab Rd
Suite, Apt. #, etc.

27 #312

City & State

28 TAMARAC, FL

Zip Country

29 33321 30 USA

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number

65-0829457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HODGES, PAUL T
8050 W. MCNAB RD., #108
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

HODGES, BARBARA K.

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

8050 W. McNab Rd., #312

83

TAMARAC FL 33321

84 City

TAMARAC

85 Zip Code

FL

33321

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 ☐ DELETE

TITLE D
NAME HODGES, MARGARET J
STREET ADDRESS 7990 15TH ST. E.
CITY-ST-ZIP SARASOTA FL 34243

TITLE D
NAME HODGES, BARBARA K
STREET ADDRESS 8050 W. MCNAB RD., #108
CITY-ST-ZIP TAMARAC FL 33321

TITLE D
NAME HODGES, PAUL T
STREET ADDRESS 8050 W. MCNAB RD., #108
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME HODGES, MARGARET J
1.3 STREET ADDRESS BOX 15665
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33416 ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME HODGES, BARBARA K.
2.3 STREET ADDRESS 8050 W. MCNAB RD. # 312
2.4 CITY-ST-ZIP TAMARAC, FL 33321 ☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME HODGES, PAUL T
3.3 STREET ADDRESS 1725 WEST COMMERCIAL BLVD, HANGAR 3
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309 ☒ Change ☐ Addition

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:

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

BARBARA K. HODGES FEB 26, 1999

PHONE: 954-720-6554

Daytime Phone #

CR2E037 (11/98)