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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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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
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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 <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$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 FL 85 Zip Code 33321
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME HODGES, MARGARET J	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME HODGES, MARGARET J
STREET ADDRESS 7990 15TH ST. E.	CITY-ST-ZIP SARASOTA FL 34243	1.2 NAME	1.3 STREET ADDRESS BOX 15665
TITLE D <input type="checkbox"/> DELETE	NAME HODGES, BARBARA K	1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33416	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8050 W. MCNAB RD., #108	CITY-ST-ZIP TAMARAC FL 33321	2.2 NAME	2.3 STREET ADDRESS HODGES, BARBARA K.
TITLE D <input type="checkbox"/> DELETE	NAME HODGES, PAUL T	2.4 CITY-ST-ZIP TAMARAC, FL 33321	3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8050 W. MCNAB RD., #108	CITY-ST-ZIP TAMARAC FL 33321	3.2 NAME	3.3 STREET ADDRESS HODGES, PAUL T
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP 1725 WEST COMMERCIAL BLVD, HANGAR 3	4.1 TITLE FT. LAUDERDALE, FL 33302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	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: Barbara K. Hodges **SIGNATURE REQUIRED** PHONE: 954-720-6554  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA K. HODGES FEB 26, 1999  
Date Daytime Phone #

CRZE037 (11/98)