

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90127 048 \*\*\*\*61.25

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 # N98000004717**

1. Corporation Name  
**MIRIAM'S SONG MINISTRIES, INC.**

Principal Place of Business P O BOX 620533 OVIEDO FL 32762-0533	Mailing Address P O BOX 620533 OVIEDO FL 32762-0533
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified <b>08/13/1998</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-3508931</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>COPELAND, KAREN R 800 WESTWOOD SQUARE STE A OVIEDO FL 32765</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISHER, DAVID		1.2 NAME	
STREET ADDRESS 3849 PERCIVAL RD		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32826		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISHER, HELEN		2.2 NAME	
STREET ADDRESS 3849 PERCIVAL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32826		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARSHEY, PATTI		3.2 NAME	
STREET ADDRESS 1365 LAKE ROGERS CIR		3.3 STREET ADDRESS	
CITY-ST-ZIP OVIEDO FL 32765		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARSHEY, TIM		4.2 NAME	
STREET ADDRESS 1365 LAKE ROGERS CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP OVIEDO FL 32765		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COPELAND, KAREN		5.2 NAME	
STREET ADDRESS 2417 SOUTHERN HILLS CT		5.3 STREET ADDRESS	
CITY-ST-ZIP OVIEDO FL 32765		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Katherine Harris  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (1/198)