


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000002333		
1. Entity Name MIRACLE OUTREACH MINISTRY INTERNATIONAL, INC.		

Principal Place of Business 1101 N. FEDERAL HWY. BOYNTON BEACH, FL 33435	Mailing Address 1630 NW 13TH CT FT LAUDERDALE, FL 33311
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2. Principal Place of Business Suite, Apt. #, etc. 1101 N Federal Hwy City & State Boynton Beach, FL 33435 Zip 33435 Country Palm Beach	3. Mailing Address Suite, Apt. #, etc. 1630 NW 13th Ct City & State Fort Lauderdale FL Zip 33311 Country Broward
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09232004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0915606	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYKINS, HELEN 1630 NW 13TH CT FT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKINS, HELEN 1630 NW 13TH CT. FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKINS, LEVAE 1630 NW 13TH CT. FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICERON, ROSA LEE 2511 NW 8TH CT., BLDG 40, APT 4 FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, BOBBIE J 1501 15TH AVE., SO. LAKE WORTH, FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYMS, TERESA 2600 NW 39TH WAY LAUDERDALE LAKES, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400041606654 10/05/04--01045--008 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

9/7/04

Date

954-467-3913

Daytime Phone #

FILED
04 OCT -5 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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