

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003939

FILED
Apr 26, 2007
Secretary of State

Entity Name: MINISTRY OF MIRACLES, INC.

Current Principal Place of Business:

13841 SW 36 CT
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

13841 SW 36 CT
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0964309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, BARI
13841 SW 36 CT
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FOX, BARI
Address: 13841 SW 36 CT
City-St-Zip: DAVIE, FL 33330

Title: COOD () Delete
Name: WADDELL, JULEEN
Address: 9036 NW 60 STREET
City-St-Zip: TAMARAC, FL 33321

Title: AD () Delete
Name: BAMBURY, MARGE
Address: 13841 SW 36TH CT
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COOD (X) Change () Addition
Name: WADDELL, JOLEEN
Address: 9036 NW 60 STREET
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGE BAMBURY

ADMN

04/26/2007

Electronic Signature of Signing Officer or Director

Date