

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006138



1. Entity Name
MINISTRY OF MIRACLES INTERNATIONAL YOUTH
MINISTRIES, INC.

Principal Place of Business
6895 S.W. 16TH STREET
PEMBROKE PINES, FL 33023

Mailing Address
13841 SW 36 CT
DAVIE, FL 33330 US



03292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0968134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, BARI
6895 S.W. 16TH STREET
PEMBROKE PINES, FL 33023

**DO NOT WRITE
IN THIS SPACE**

6. 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

(NOT: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

000000146209
05/03/04-80055-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	CEOD FOX, BARI 6895 SW 16TH ST PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY, ST, ZIP	COOD WADDELL, JULEEN 6895 SW 16TH ST PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY, ST, ZIP	AD BAMBURY, MARGE 13841 SW 36TH CT DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Margaret Bambury*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 305-571-2246
Date Daytime Phone #