

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90212 023 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 6895 S.W. 16TH STREET PEMBROKE PINES, FL 33023
2. Principal Place of Business		3. Mailing Address 13841 S.W. 36th
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State DAVIE, FL
Zip	Country	Zip 33330 Country USA
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____		
FILE NOW: FEE IS \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD FOX, BARI 6895 SW 16TH ST PEMBROKE PINES, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD WADDELL, JULEEN 6895 SW 16TH ST PEMBROKE PINES, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BAMBURY, MARGE 13841 SW 36TH CT DAVIE, FL 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: <i>Marge Bambury</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/15/03 Date

90136627



☐ CHECK HERE IF MAKING CHANGES

CR20037 (10/02)