

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001510

**Entity Name:** MOUNTAIN OF FIRE AND MIRACLES MINISTRIES MIAMI INC

**FILED**  
**Feb 25, 2020**  
**Secretary of State**  
**2150302006CC**

**Current Principal Place of Business:**

15984 NW 27TH AVENUE  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

15984 NW 27TH AVENUE  
MIAMI GARDENS, FL 33054 US

**FEI Number: 83-0451759**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THOMAS, TUTU PASTOR  
15984 NW 27TH AVENUE  
MIAMI GARDENS, FL 33054 US

*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

**Officer/Director Detail :**

Title G.O.  
Name OLUKOYA, DANIEL K. DR.  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title DC  
Name THOMAS, TUTU PASTOR  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D, SECRETARY  
Name OYETUNJI, LAWRENCE  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title TREASURER  
Name POWELL, KERON  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name IFEBAJO, KAYODE PASTOR  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name OLOWU, TEMITAYO  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name OZOWA, ANGELA  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

Title D  
Name CADET, ERNESTINE  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054

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*I hereby 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 all other like empowered.*

**SIGNATURE: KERON POWELL**

**DIRECTOR**

**02/25/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name OTTO, JOHN  
Address 15984 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33054