

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003299

Entity Name: MIRACLE TEMPLE OF APOSTOLIC FAITH, INC.**Current Principal Place of Business:**3140 N.W. 46 ST
MIAMI, FL 33142**Current Mailing Address:**3140 N.W. 46 ST
MIAMI, FL 33142**FEI Number: 65-0451280****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HERRING, ALVIN SR
1471 N.W. 45 ST
MIAMI, FL 33142 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	C
Name	HERRING ELLA MAE
Address	1471 NW 45 ST
City-State-Zip:	MIAMI FL 33142

Title	S
Name	BLOODSAW, MARY A
Address	4281 NW 172ND DRIVE
City-State-Zip:	MIAMI FL 33055

Title	D
Name	HERRING ALVIN JR
Address	4234 N. W. 22ND CT.
City-State-Zip:	MIAMI FL 33142

Title	D
Name	SCOTT EFREM T
Address	2265 NW 57 ST
City-State-Zip:	MIAMI FL 33142

Title	D
Name	HERRING ALVIN SR
Address	1471 NW 45 ST
City-State-Zip:	MIAMI FL 33142

Title	D
Name	ALEXIS TABITHA R
Address	750 NW 69TH ST APT.#103
City-State-Zip:	MIAMI FL 33150

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: ALVIN HERRING SR,**RA****04/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date