

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathram  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **703466** (3)  
1. Corporation Name  
**HOUSE OF GOD MIRACLES REVIVAL FELLOWSHIP, INCORPORATED**

Principal Place of Business Mailing Address  
**4111 NW 7TH AVE MIAMI FL 33142 US** **4111 NW 17TH AVE MIAMI FL 33142 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/18/1962</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1684954</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
**MORTIMER, JUNIOR R  
5833 SW 62 AVE  
S MIAMI FL 33143**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Junior Mortimer* DATE: **Apr. 28, 1995**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MORTIMER, JUNIOR (REV.) 5833 SW 62 AVE. S. MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MORRIS, ULYSSES S. JR 11421 S.W. 203 TERR MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T FLOWRES, MARY 2990 N.W. 65TH STREET MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GRAYSON, IRMA 11020 SW 203RD TERR. MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GREEN, SHIRLEY 11381 SW 223RD ST. MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MOREIS, MARY 11421 SW 203RD TERR. MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Betty J. Everett</b>
43 STREET ADDRESS	<b>5831 SW 58th terr</b>
44 CITY - ST - ZIP	<b>S. Miami, FL 33143</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>D. Phillip Scott</b>
53 STREET ADDRESS	<b>790 NE 12th St</b>
54 CITY - ST - ZIP	<b>N. Miami, FL 33161</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>David Coley</b>
63 STREET ADDRESS	<b>5701 SW 60th Ave</b>
64 CITY - ST - ZIP	<b>S. Miami, FL 33143</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Junior Mortimer* DATE: **Apr. 28, 1995** (305) 638-3142  
(NOTE: Registered Agent signature required when reinstating)