

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90055 029 ****70.00

DOCUMENT # 703466

1. Entity Name

HOUSE OF GOD MIRACLES REVIVAL FELLOWSHIP, INCORP

Principal Place of Business

Mailing Address

4111 NW 7TH AVE
 MIAMI FL 33142
 US

4111 NW 17TH AVE
 MIAMI FL 33142-4853
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1684954

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTIMER, JUNIOR R
5833 SW 62 AVE
S MIAMI FL 33143

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.

SIGNATURE

Rev. Junior Mortimer
 Signature, typed or printed name of registered agent and title if applicable

Rev. Junior Mortimer President

3-23-00

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTIMER, JUNIOR (REV.)	
STREET ADDRESS	5833 SW 62 AVE.	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORRIS, ULYSSES S. JR	
STREET ADDRESS	11421 S.W. 203 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLOWRES, MARY	
STREET ADDRESS	2990 N.W. 65TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETTE, BETTY J.	
STREET ADDRESS	5831 SW 58TH TERR	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, PHILLIP	
STREET ADDRESS	790 NE 128TH ST	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEY, DAVID	
STREET ADDRESS	5901 SW 60TH AVE	
CITY-ST-ZIP	S. MIAMI FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason Arlington Neely	
STREET ADDRESS	1701 Antioch Road	
CITY-ST-ZIP	ALBANY, GA. 31705	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Huston	
STREET ADDRESS	761 N.W. 203rd Street	
CITY-ST-ZIP	Miami, FL. 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rev. Junior Mortimer
 Signature and typed or printed name of signing officer or director

3-23-00

Date

Daytime Phone #

CR2F037 (9/99)