

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# 703466

Entity Name: HOUSE OF GOD MIRACLES REVIVAL FELLOWSHIP, INCORPORATED

Current Principal Place of Business:

4111 NW 7TH AVE
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

4111 NW 17TH AVE
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 59-1684954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORTIMER, JUNIOR (RE, V.)
Address: 5833 SW 62 AVE.
City-St-Zip: S. MIAMI, FL

Title: S () Delete
Name: MORRIS, ULYSSES S. J, R
Address: 11421 S.W. 203 TERR
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: FLOWRES, MARY,
Address: 2990 N.W. 65TH STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: EVERETTE, BETTY J.
Address: 5831 SW 58TH TERR
City-St-Zip: S. MIAMI, FL

Title: D () Delete
Name: HUSTON, MATTHEW
Address: 761 NW 203RD STREET
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: COLEY, DAVID
Address: 5901 SW 60TH AVE
City-St-Zip: S. MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ULYSSES S. MORRIS

Electronic Signature of Signing Officer or Director

T

04/29/2004

Date