

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703466

FILED  
May 05, 2008  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 REV  
Address: 5833 SW 62 AVE.  
City-St-Zip: S. MIAMI, FL

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

Title: T ( ) Delete  
Name: RUSSELL, JOE E  
Address: 5878 SW 60TH STREET  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D ( ) Delete  
Name: GODDESS, KIMBROUGH  
Address: 12890 NE 6TH STREET, APT 4  
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: D (X) Delete  
Name: WALLACE, EARTHSEAN  
Address: 2155 NW 99TH TERRANCE  
City-St-Zip: MIAMI, FL 33147

**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  
Name:  
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 exemption stated in Chapter 119, 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: USM

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

S

05/05/2008

\_\_\_\_\_ Date