

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703466

FILED
May 01, 2009
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:

MORRIS, ULYSSES
4111 NW 17TH AVE
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: USM

05/01/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S Change Addition
Name: MORRIS, ULYSSES S
Address: 11421 S.W. 203 TERR
City-St-Zip: MIAMI, FL

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

S

05/01/2009

Electronic Signature of Signing Officer or Director

Date