

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703466

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** HOUSE OF GOD MIRACLES REVIVAL FELLOWSHIP, INCORPORATED

**Current Principal Place of Business:**

4111 NW 17TH 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:**

MORRIS, ULYSSES S JR  
4111 NW 17TH AVE  
MIAMI, FL 33142 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: P  
Name: MORRIS, ULYSSES S  
Address: 11421 S.W. 203 TERR  
City-St-Zip: MIAMI, FL 33189

Title: VP  
Name: EVERETT, BETTY J  
Address: 5831SW 58 TERR  
City-St-Zip: SOUTH MIAMI, FL 33143

Title: S  
Name: HOUSTON, MATTHEW  
Address: 761 NW 203 ST.  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: T  
Name: HARRIS, COMPTON SR.  
Address: 1731 NW 135 ST.  
City-St-Zip: MIAMI, FL 33167

Title: D  
Name: WRIGHT, SHARON  
Address: 2130 NW 131 STREET  
City-St-Zip: MIAMI, FL 33167

Title: D  
Name: HOLSEY, JOHN  
Address: 871 PEARSON ROAD  
City-St-Zip: SYLVESTER, GA 31791

I hereby 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 all other like empowered.

SIGNATURE: ULYSSES S. MORRIS, JR.

P

02/21/2012

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

\_\_\_\_\_ Date