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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 710558 (8)  
 1. Corporation Name  
 HOUSE OF GOD MIRACLE TEMPLE INC  
 APOSTOLIC FAITH

Principal Place of Business Mailing Address  
 5851 NW NINTH AVE 5851 NW 9TH AVE  
 MIAMI FL 33127 MIAMI FL 33127

3. Date incorporated or Qualified  
 3-21-66

4. FEI Number  
 05-0060399

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners' association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent

BODZIN, SIDNEY M.  
 1497 NW 7TH ST.  
 MIAMI FL 33125

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the account as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME PD STEVENSON, E. A.

STREET ADDRESS 5851 NW 9 AVE

CITY-ST-ZIP MIAMI FL 33127

TITLE  DELETE

NAME T WATSON, VERNELL

STREET ADDRESS 16030 NW 27 CT

CITY-ST-ZIP MIAMI FL

TITLE  DELETE

NAME S D YOUNG, LEO LA

STREET ADDRESS 1944 NW 49 ST

CITY-ST-ZIP MIAMI FL

TITLE  DELETE

NAME V D READON, ALFONSO

STREET ADDRESS 6431 SW 59 AV

CITY-ST-ZIP S MIAMI, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: *Alfonso Readon* 4-2-99 305-661-7564  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 ALFONSO READON

CR2E037 (10/97)