

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90032 044 ****61.25

DOCUMENT # 710558
 1. Entity Name
HOUSE OF GOD MIRACLE TEMPLE, INC. - APOSTOLIC FA

Principal Place of Business Mailing Address
5851 NW NINTH AVE. MIAMI FL 33127 **5851 NW NINTH AVE. MIAMI FL 33127**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BODZIN, SIDNEY M.
1497 N.W. 7TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENSON, E. A. 5851 NW 9TH AVE MIAMI FL 33127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, VERNELL 16030 NW 27 CT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, LEOLA 1944 N.W. 49 ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD READON, ALFONSO 6431 SW 59TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE BOARD PRESIDENT DAVID L. YOUNG 1944 N.W. 49th ST MIAMI, FL 33142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE BOARD SECRETARY ERNEST MAYARD 643 N.W. 45th ST MIAMI FL 33150 <i>Ernest Mayard</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE BOARD VP JAMES T. ROSS 2381 N.W. 140th ST OPA LOCKA, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE BOARD FINANCE S ANNA R. HALL 22705 S.W. 126th AVE MIAMI, FL 33170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERNELL WATSON 1480 N.W. 56th ST MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIMMY L. JACKSON 3221 N.W. 170th ST OPA LOCKA, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfonso Readon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/26/01** **305 284 0215**
305 284 0215

CR2E037 (10/00)

Attachment

9682007

11. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS CARR THOMAS CARR 1795 N.W. 110th ST MIAMI, FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE SIMMONS, SR 3741 N.W. 169th TERR OPA LOCKA, FL 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONNIE BILAMS 1100 N.W. 122nd ST MIAMI, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD LINCOLN 6051 N.W. 10th AVE MIAMI, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

710553

Alfonso Reader