NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90103 038 ****61.25

DOCUMENT # 710558

1. Entity Name
HOUSE OF GOD MIRACLE TEMPLE APOSTOLIC FAITH

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2. Principal Place of Business	3. Mailing Address
1425 N.W. 59th St.	6431 S.W. 59th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: So. Miami, FL.
Zip: 33142 Country: U.S.	Zip: 33143 Country: U.S.

4. FEI Number 65-0060399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BODZIN, SIDNEY

Street Address (P.O. Box Number is Not Acceptable): 1497 N.W. 7th St.

City: MIAMI FL Zip Code: 33125

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

FEE IS $61.25
Initial or Amended UBR

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	P.D.
NAME	READON, ALFONSO
STREET ADDRESS	6431 S.W. 59th AVE.
CITY-ST-ZIP	So. MIAMI, FL. 33143
TITLE	V. P.
NAME	BILAMS, PATRICIA
STREET ADDRESS	1100 N.W. 122nd St.
CITY-ST-ZIP	MIAMI, FL. 33055
TITLE	TREASUER
NAME	LECOUNTE, BARBARA
STREET ADDRESS	1080 ORIENTAL BLVD.
CITY-ST-ZIP	OPA LOCKA, FL. 33054
TITLE	SECRETARY
NAME	BROWN, MARVA
STREET ADDRESS	19575 N.W. 32nd St.
CITY-ST-ZIP	MIAMI, FL.
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alfonso Readon April 30, 2002