

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 710558

Entity Name: HOUSE OF GOD MIRACLE TEMPLE, INC. - APOSTOLIC FAITH

Current Principal Place of Business:

1425 NW 59TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 680039
MIAMI, FL 331680039

New Mailing Address:

FEI Number: 65-0060399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AVANT, EARLENE
605 NW 177TH STREET
APT 144
MIAMI, FL 33169 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: PTD () Delete
Name: OREE, WALTER
Address: 1425 NW 59TH STREET
City-St-Zip: MIAMI, FL 33142

Title: VPTD () Delete
Name: BENNETT, BESSIE
Address: 141 HOLLY LANE
City-St-Zip: PLANATION, FL 33317

Title: STD () Delete
Name: AVANT, EARLENE
Address: 1439 NW 62 STREET
City-St-Zip: MIAMI, FL 33147

Title: TD () Delete
Name: RUSSEL-WATSON, VERNELL
Address: 1480 NW 56 STREET
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: SWAIN, MAMIE A
Address: 16030 NW 27 PLACE
City-St-Zip: OPA LOCKA, FL 33054

Title: TD () Delete
Name: SULLIVAN, HAZEL
Address: 6415 NW 3RD CT
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: EARLENE AVANT

STD

03/29/2009

Electronic Signature of Signing Officer or Director

_____ Date