

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717830

FILED
Aug 31, 2006
Secretary of State

Entity Name: APOSTOLIC MIRACLE TEMPLE OF NEW JERUSALEM, INC.

Current Principal Place of Business:

2939 NW 46TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540081
MIAMI, FL 33054

New Mailing Address:

FEI Number: 31-1759996 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DINSON, THEADIO
2967 NW 58 ST.
MIAMI, FL 33147 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: VTD () Delete
Name: WILLIAMS, DORA
Address: 2939 NW 46 STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: DINSON, DIRAL
Address: 2939 NW 46 STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: CARTER, SANDRA
Address: 2939 NW 46 STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: THOMPSON, MARION
Address: 2939 NW 46 STREET
City-St-Zip: MIAMI, FL 33142

Title: PD () Delete
Name: DINSON, THEADIO
Address: 2939 NW 46 STREET
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: BROWN, ANNIE E
Address: 2939 NW 46 STREET
City-St-Zip: MIAMI, FL 33142

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
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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 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: THEADIO DINSON

PD

08/31/2006

Electronic Signature of Signing Officer or Director

Date