

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767775 (0)

1. Corporation Name

HOUSE OF GOD MIRACLE TEMPLE OF THE APOSTOLIC FAITH, INC. OF FORT PIERCE, FL



Principal Place of Business: **525 B 11TH STREET, 525 NORTH 11TH STREET, FT. PIERCE FL 34954, US**
Mailing Address: **P.O. BOX 1057, FT. PIERCE FL 34954, US**

3. Date Incorporated or Qualified: **03/31/1983**
3a. Date of Last Report: **05/01/1995**

| | | | |
|--|---------------------|--|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| | | 59-2277701 | Not Applicable |
| 22. Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip | Country | 29. Zip | Country |
| | | | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MACKEY, RUBY L 525 1/2 N. 11TH ST. FORT PIERCE FL 34950 | | 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD MACKEY, HARRY LESLIE | 1.2 NAME | |
| STREET ADDRESS | 525 N 11TH 1/2 ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT PIERCE, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TD MACKEY, RUBY LEE | 2.2 NAME | |
| STREET ADDRESS | 525 N 11TH 1/2 ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT PIERCE, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SD RACKINS, LORETTA | 3.2 NAME | 3D White, Charice |
| STREET ADDRESS | 2505 AVENUE N | 3.3 STREET ADDRESS | 2838 Apt. #D Stoneyway Lane |
| CITY-ST-ZIP | FORT PIERCE FL | 3.4 CITY-ST-ZIP | Fort Pierce, FL 34982 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D MARTIN, BONITA | 4.2 NAME | BURNS, Gerard |
| STREET ADDRESS | 224 SUPERIOR PLACE | 4.3 STREET ADDRESS | 1702 N. 15th Street |
| CITY-ST-ZIP | W PALM BCH FL | 4.4 CITY-ST-ZIP | Fort Pierce, FL 34950 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D MARTIN, JAMES | 5.2 NAME | |
| STREET ADDRESS | 224 SUPERIOR PLACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D RACKINS, LORETTA | 6.2 NAME | BURNS, DAWN |
| STREET ADDRESS | 2505 AVENUE N | 6.3 STREET ADDRESS | 1702 N. 15th Street |
| CITY-ST-ZIP | FT PIERCE FL | 6.4 CITY-ST-ZIP | Fort Pierce, FL 34950 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee, or liquidator of the corporation, and that I am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked on an attachment to this report.

SIGNATURE: *Ruby Lee Mackey* (NOTE: Registered Agent signature required when reinstating) DATE: **04-24-96** (407) 465-4886

CFR2E037 (12/95)