


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 04 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/31/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2277701</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MACKAY, RUBY L.  
 525 1/2 N. 11TH ST.  
 FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKAY, HARRY LESLIE</b>	1.2 NAME	
STREET ADDRESS	<b>525 N 11TH 1/2 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKAY, RUBY LEE</b>	2.2 NAME	
STREET ADDRESS	<b>525 N 11TH 1/2 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, CHARICE</b>	3.2 NAME	
STREET ADDRESS	<b>2838 APT. D STONEMAN LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, GERARD</b>	4.2 NAME	
STREET ADDRESS	<b>1702 NORT 15TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>224 SUPERIOR PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, <del>GERARD</del> DAWN</b>	6.2 NAME	
STREET ADDRESS	<b>1702 N 15TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	6.4 CITY-ST-ZIP	

**BURNS, DAWN**  Change  Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **07-30-97** **61-465-4886**

CR2E037 (4/97)