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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767775 (0)

1. Corporation Name
**HOUSE OF GOD MIRACLE TEMPLE OF THE APOSTOLIC FAI
 TH, 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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3. Date Incorporated or Qualified 03/31/1983	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2277701		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
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

TITLE PD	NAME MACKAY, HARRY LESLIE	<input type="checkbox"/> DELETE
STREET ADDRESS 525 N 11TH 1/2 ST	CITY-ST-ZIP FORT PIERCE, FL 00000	
TITLE TD	NAME MACKAY, RUBY LEE	<input type="checkbox"/> DELETE
STREET ADDRESS 525 N 11TH 1/2 ST	CITY-ST-ZIP FORT PIERCE, FL 00000	
TITLE SD	NAME WHITE, CHARICE	<input type="checkbox"/> DELETE
STREET ADDRESS 9830 APT. D STONEWAY LANE 2715 S. 10th St	CITY-ST-ZIP FORT PIERCE FL	
TITLE D	NAME BURNS, GERARD	<input type="checkbox"/> DELETE
STREET ADDRESS 1702 NORT 15TH STREET	CITY-ST-ZIP FORT PIERCE FL	
TITLE D	NAME MARTIN, JAMES	<input type="checkbox"/> DELETE
STREET ADDRESS 224 SUPERIOR PLACE	CITY-ST-ZIP W PALM BCH FL	
TITLE D	NAME BURNS, DAWN	<input type="checkbox"/> DELETE
STREET ADDRESS 1702 N 15TH STREET	CITY-ST-ZIP FORT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Martin, Bonita	
1.3 STREET ADDRESS 224 Superior Place	
1.4 CITY-ST-ZIP W Palm Bch, FL	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Ruby L. Mackey Ruby L. Mackey* 042398 561465-4846
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071868

CR2E037 (10/97)