


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767775

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/31/1983
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2277701
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, HARRY LESLIE	1.2 NAME	Mackey, Harry Leslie
STREET ADDRESS	525 N 11TH 1/2 ST	1.3 STREET ADDRESS	2400 North 47th Street
CITY-ST-ZIP	FORT PIERCE, FL 00000	1.4 CITY-ST-ZIP	Fort Pierce FL 34950
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, RUBY LEE	2.2 NAME	Mackey, Ruby Lee
STREET ADDRESS	525 N 11TH 1/2 ST	2.3 STREET ADDRESS	2400 North 47th Street
CITY-ST-ZIP	FORT PIERCE, FL 00000	2.4 CITY-ST-ZIP	Fort Pierce FL 34950
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, CHARICE	3.2 NAME	GIBSON, DONNA
STREET ADDRESS	2715 S 10TH ST	3.3 STREET ADDRESS	1702 North 15th Street
CITY-ST-ZIP	FORT PIERCE FL	3.4 CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, GERARD	4.2 NAME	
STREET ADDRESS	1702 NORT 15TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, DAWN	6.2 NAME	
STREET ADDRESS	1702 N 15TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: **9/6/99** Daytime Phone #: **561 465 4886**

CR2E037 (5/99)