

2000 UNIFORM BUSINESS REPORT (UBR)

PS 1068

APPROVED
AND
FILED

00 NOV -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767775
1. Entity Name
HOUSE OF GOD MIRACLE TEMPLE OF THE
APOSTOLIC FAITH, INC. OF FORT PIERCE, FLORIDA

Principal Place of Business Mailing Address
525 N. 11 STREET
FORT PIERCE, FL. 34950

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2277701 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RUBY L. MACKEY
2400 N. 47 STREET
FORT PIERCE, FL. 34946

7. Name and Address of New Registered Agent
Name HARRY L. MACKEY
Street Address (P.O./Box Number is Not Acceptable)
2400 N. 47 STREET
City FORT PIERCE FL Zip Code 34946

8. 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  PRESIDENT 10-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT HARRY L. MACKEY 2400 N. 47 STREET FORT PIERCE, FL. 34946 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY BONITA MARTIN 224 SUPERIOR PLACE WEST PALM BEACH, FL. | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER DONNA GIBSON 1702 N. 15 STREET FORT PIERCE, FL. 34950 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR DAWN BURNS 4360 AVENUE Q FORT PIERCE, FL. 34947 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 500003488145--3 -12/05/00--01100--015 *****8.75 *****8.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 500003488145--3 -12/05/00--01100--016 *****61.25 *****61.25 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  (561) 460-5974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10-17-00 465-4886
Date Daytime Phone #

CR2E037 (9/99)

~~Please Do not Detach~~

-2-

767775

525 N. 11 STREET
FORT PIERCE, FL. 34950
OCTOBER 17, 2000

TO WHOM IT MAY CONCERN,

AN APPLICATION OF THIS NATURE WAS FILLED OUT AND MAILED TO THE DIVISION OF CORPORATION ON SEPTEMBER 12, 2000, WELL WITHIN THE PROPER TIME OF FILING. HOWEVER WE WERE TOLD THAT IT WAS RETURNED BACK FOR LACK OF INFORMATION IN BOX 8. BECAUSE WE DID NOT AS YET RECEIVED THE RETURNED FORM, WE ARE FILING AGAIN.

WE ARE ASKING THAT YOU PLEASE WAIVED ALL LATE FEES. (ENCLOSED YOU WILL FIND A COPY OF THE APPLICATION FILED IN SEPTEMBER.) WE THANK YOU IN ADVANCE FOR ALL OF ^{YOUR} HELP AND COOPERATION IN THIS MATTER.

Harry Mackey
YOURS TRULY,
HARRY MACKAY