

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90048 027 \*\*\*\*61.25

**66004862**



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N04000007779</b>			
1. Entity Name <b>HOUSE OF GOD MIRACLE TEMPLE OF MIAMI, INC.</b>			
Principal Place of Business <b>6431 S.W. 59TH AVENUE SOUTH MIAMI FL 33143</b>		Mailing Address <b>6431 S.W. 59TH AVENUE SOUTH MIAMI FL 33143</b>	
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 <b>562477087</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>READON, ALFONSO 6431 S.W. 59TH AVENUE SOUTH MIAMI FL 33143</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYARD, ERNEST DEACON	NAME	
STREET ADDRESS	16201 N.W. 36TH STREET.	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33037	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, THOMAS MINISTE	NAME	
STREET ADDRESS	1795 N.W. 110TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, LIVEE SISTER	NAME	
STREET ADDRESS	14850 WEST DIXIE HIGHWAY #40	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READON, ALFONSO BISHOP	NAME	
STREET ADDRESS	6431 S.W. 59TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREETER, DOROTHY	NAME	
STREET ADDRESS	3180 N.W. 158 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARVA	NAME	
STREET ADDRESS	19575 N.W. 140TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	CITY-ST-ZIP	
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: <i>Alfonso Readon</i>		Date: <i>2/11 05</i> 3056617564	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	