

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 007 ****61.25

DOCUMENT # N04000007779

1. Entity Name

HOUSE OF GOD MIRACLE TEMPLE OF MIAMI, INC.



Principal Place of Business

Mailing Address

6431 S.W. 59TH AVENUE
SOUTH MIAMI FL 33143

6431 S.W. 59TH AVENUE
SOUTH MIAMI FL 33143

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

HOUSE OF GOD MIRACLE TEMPLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OF MIAMI INC

1st MOORE

CR2E037 (10/06)

City & State

City & State

7590 NW 17 AVE MIAMI FLA

4. FEI Number

56-2477087

Applied For

Not Applicable

Zip

Country

Zip

Country

3147-6102

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

READON, ALFONSO
6431 S.W. 59TH AVENUE
SOUTH MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MAYARD, ERNEST DEACON	
STREET ADDRESS	16201 N.W. 36TH STREET	
CITY-STATE-ZIP	MIRAMAR FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, THOMAS MINISTE	
STREET ADDRESS	1795 N.W. 110TH STREET	
CITY-STATE-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDLER, LIVEE SISTER	
STREET ADDRESS	14850 WEST DIXIE HIGHWAY #40	
CITY-STATE-ZIP	NORTH MIAMI FL 33181	
TITLE	P	<input type="checkbox"/> Delete
NAME	READON, ALFONSO BISHOP	
STREET ADDRESS	6431 S.W. 59TH AVENUE	
CITY-STATE-ZIP	SOUTH MIAMI FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	STREETER, DOROTHY	
STREET ADDRESS	3180 N.W. 158 STREET	
CITY-STATE-ZIP	MIAMI FL 33054	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, MARVA	
STREET ADDRESS	19575 N.W. 140TH STREET	
CITY-STATE-ZIP	MIAMI FL 33054	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Alfonso Readon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #