

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 12 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06873 (6)**

1. Corporation Name  
**HOUSE OF GOD MIRACLE TEMPLE, INC., OF WEST HOLLY WOOD**



Principal Place of Business % BESSIE BENNETT 2101 S.W. 57TH AVE HOLLYWOOD HILLS FL 33023	Mailing Address % BESSIE BENNETT 2101 S.W. 57TH AVE HOLLYWOOD HILLS FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/28/1984	3a. Date of Last Report 01/25/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2482908	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENNETT, BESSIE 5301 SW 8TH ST PLANTATION FL 33023 <i>180 NW 72 Avenue                  Plantation, FL 33317</i>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <i>180 NW 72 Avenue</i> 83 84 City <i>Plantation</i> FL 85 Zip Code <i>33317</i>
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, BESSIE	1.2 NAME	Bennett, Bessie
STREET ADDRESS	5301 SW 8TH ST	1.3 STREET ADDRESS	180 NW 72 Avenue
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, MOSE J	2.2 NAME	Bennett, Mose J.
STREET ADDRESS	5301 SW 8TH ST	2.3 STREET ADDRESS	180 NW 72 Avenue
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, THERESA MAE	3.2 NAME	Peterson, Theresa Mae
STREET ADDRESS	2740 JACKSON ST	3.3 STREET ADDRESS	5301 SW 8th Street
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEHEAD, ALBERTA L.	4.2 NAME	Butterfield, Stephen
STREET ADDRESS	2101 NW 41 AVE	4.3 STREET ADDRESS	351 NW 171 St
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Miami, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, BOBBIE	5.2 NAME	Peterson, Bobbie
STREET ADDRESS	2740 JACKSON ST	5.3 STREET ADDRESS	5301 SW 8th Street
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	Plantation, FL 33317
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, NATHANIEL	6.2 NAME	Willie Sales
STREET ADDRESS	3370 NW 6TH CRT	6.3 STREET ADDRESS	301 SW 171st Ave
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	Dembroke Pines FL 33023

14. I do 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 checked, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CR2E037 (4/97)