

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98 \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Oct 08 1998 8:00am**  
**Secretary of State**

0003775

**DOCUMENT # N06873 (6)**

1. Corporation Name:

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

Principal Place of Business

Mailing Address

% BESSIE BENNETT  
 2101 S.W. 57TH AVE  
 HOLLYWOOD HILLS FL 33023

% BESSIE BENNETT  
 2101 S.W. 57TH AVE  
 HOLLYWOOD HILLS FL 33023

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 Name and Address of Current Registered Agent

29 Name and Address of Current Registered Agent

**BENNETT, BESSIE**  
**180 NW 72 AVE**  
**PLANTATION FL 33317**

81 Name

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

83

84 City

**FL** 85 Zip Code

3. Date Incorporated or Qualified

**12/28/1984**

4. FEI Number

**59-2482908**

Applied For Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

10. Name and Address of New Registered Agent

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 type: For printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12 OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [ ] DELETE  
 NAME BENNETT, BESSIE  
 STREET ADDRESS 180 NW 72 AVE  
 CITY-ST-ZIP PLANTATION FL  
 TITLE VTD [ ] DELETE  
 NAME BENNETT, MOSE J  
 STREET ADDRESS 180 NW 72 AVE  
 CITY-ST-ZIP PLANTATION FL  
 TITLE SD [ ] DELETE  
 NAME PETERSON, THERESA MAE  
 STREET ADDRESS 5301 SW 8TH ST  
 CITY-ST-ZIP PLANTATION FL  
 TITLE D [ ] DELETE  
 NAME BUTTERFIELD, STEPHEN  
 STREET ADDRESS 3251 NW 171 ST  
 CITY-ST-ZIP MIAMI FL  
 TITLE D [ ] DELETE  
 NAME PETERSON, BOBBIE  
 STREET ADDRESS 5301 SW 8TH ST  
 CITY-ST-ZIP PLANTATION FL  
 TITLE D [ ] DELETE  
 NAME WALLACE, NATHANIEL  
 STREET ADDRESS 3370 NW 6TH CRT  
 CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE [ ] Change [ ] Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE [ ] Change [ ] Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE [ ] Change [ ] Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE [ ] Change [ ] Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE [ ] Change [ ] Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE [ ] Change [ ] Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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.

SIGNATURE: *Bessie Bennett*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7598 316-8843  
 Date Daytime Phone #

CR2E037 (5/98)