

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

13. TITLE

NAME **BENNETT, BESSIE**

1.1 TITLE

STREET ADDRESS **180 NW 72 AVE**

1.2 NAME

CITY-ST-ZIP **PLANTATION FL**

1.3 STREET ADDRESS

TITLE **VTD** [] DELETE

1.4 CITY-ST-ZIP

NAME **BENNETT, MOSE J**

2.1 TITLE

STREET ADDRESS **180 NW 72 AVE**

2.2 NAME

CITY-ST-ZIP **PLANTATION FL**

2.3 STREET ADDRESS

TITLE **SD** [] DELETE

2.4 CITY-ST-ZIP

NAME **PETERSON, THERESA MAE**

3.1 TITLE

STREET ADDRESS **5301 SW 8TH ST**

3.2 NAME

CITY-ST-ZIP **PLANTATION FL**

3.3 STREET ADDRESS

TITLE **D** [] DELETE

3.4 CITY-ST-ZIP

NAME **BUTTERFIELD, STEPHEN**

4.1 TITLE

STREET ADDRESS **3251 NW 171 ST**

4.2 NAME

CITY-ST-ZIP **MIAMI FL**

4.3 STREET ADDRESS

TITLE **D** [] DELETE

4.4 CITY-ST-ZIP

NAME **PETERSON, BOBBIE**

5.1 TITLE

STREET ADDRESS **5301 SW 8TH ST**

5.2 NAME

CITY-ST-ZIP **PLANTATION FL**

5.3 STREET ADDRESS

TITLE **D** [] DELETE

5.4 CITY-ST-ZIP

NAME **WALLACE, NATHANIEL**

6.1 TITLE

STREET ADDRESS **3370 NW 6TH CRT**

6.2 NAME

CITY-ST-ZIP **FT LAUDERDALE FL**

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
 Date

316-8843
 Daytime Phone #

CR2E037 (5/98)