

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90155 011 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06873**  
 ff 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/28/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2482908
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

9. Name and Address of Current Registered Agent  BENNETT, BESSIE 180 NW 72 AVE PLANTATION FL 33317	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 *Bessie Bennett* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BENNETT, BESSIE	1.1 TITLE	
NAME	180 NW 72 AVE	1.2 NAME	
STREET ADDRESS	PLANTATION FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	BENNETT, MOSE J	2.2 NAME	
STREET ADDRESS	180 NW 72 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	PETERSON, THERESA MAE	3.2 NAME	
STREET ADDRESS	5301 SW 8TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BUTTERFIELD, STEPHEN	4.2 NAME	
STREET ADDRESS	3251 NW 171 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PETERSON, BOBBIE	5.2 NAME	
STREET ADDRESS	5301 SW 8TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WALLACE, NATHANIEL	6.2 NAME	
STREET ADDRESS	3370 NW 6TH CRT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)