


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90003 040 ****61.25

DOCUMENT # N07504 1. Entity Name HOUSE OF GOD MIRACLE TEMPLE OF WEST PALM BEACH, INC.-APOSTOLIC FAITH					
Principal Place of Business 502 SAPODILLA AVE. WEST PALM BEACH, FL 33402			Mailing Address C/O PASTOR ANNIE L. TURNER P.O. BOX 1145 WEST PALM BEACH, FL 33402		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAASS, ROBB R. ESQ. 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480				Name Robb R. Maass Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Plaza South, Suite 321 City Palm Beach	
				FL Zip Code 33480	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP		<input type="checkbox"/> Delete		
NAME	TURNER, ANNIE LAURA		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	P O BOX 1145				
CITY-ST-ZIP	WEST PALM BEACH, FL 33402				
TITLE	S		<input type="checkbox"/> Delete		
NAME	TURNER-STOKES, SHEILA P		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1562 LAKE CRYSTAL DR.				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411				
TITLE	T		<input type="checkbox"/> Delete		
NAME	TURNER, DANIEL M		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	P O BOX 1145				
CITY-ST-ZIP	WEST PALM BEACH, FL 33480				
TITLE	D		<input type="checkbox"/> Delete		
NAME	STOKES, ANTHONY		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1562 LAKE CRYSTAL DR.				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-29-05 561-640-3720 Date Daytime Phone #		

50059861



07272005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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