2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# N07504

Entity Name: HOUSE OF GOD MIRACLE TEMPLE OF WEST PALM BEACH, INC.-APOSTOLIC FAITH

Current Principal Place of Business:

502 SAPODILLA AVE.
WEST PALM BEACH, FL 33402

New Principal Place of Business:

Current Mailing Address:

C/O PASTOR ANNIE L. TURNER
P.O. BOX 1145
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAASS, ROBB R ESQ.
340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TURNER, ANNIE LAURA
Address: P O BOX 1145
City-St-Zip: WEST PALM BEACH, FL 33402

Title: S ( ) Delete
Name: TURNER-STOKES, SHEILA P
Address: 1562 LAKE CRYSTAL DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T ( ) Delete
Name: TURNER, DANIEL M
Address: P O BOX 1145
City-St-Zip: WEST PALM BEACH, FL 33480

Title: D ( ) Delete
Name: STOKES, ANTHONY
Address: 1562 LAKE CRYSTAL DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE LAURA TURNER P 02/20/2008

Electronic Signature of Signing Officer or Director — Date