

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07505

Entity Name: HOUSE OF GOD MIRACLE TEMPLE OF FT. LAUDERDALE, INC.-APOSTOLIC FAITH

Current Principal Place of Business:

635 NW 14TH WAY
FT. LAUD, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

270 N.W. 183RD STREET
MIAMI FLORIDA, FL 33169 US

New Mailing Address:

FEI Number: 65-0060396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

READON, CARRIE D.
6431 SW 59 AVE
SOUTH MIAMI, FL 33143 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: PDS () Delete
Name: READON, CARRIE D
Address: 6431 SW 59TH AVENUE
City-St-Zip: SOUTH MIAMI, FL

Title: VD () Delete
Name: READON, ALFONSO
Address: 6431 SW 59TH AVENUE
City-St-Zip: SOUTH MIAMI, FL

Title: AD () Delete
Name: READON, PATRICIA B
Address: 6431 SW 59TH AVE
City-St-Zip: S MIAMI, FL 33143

Title: ATD () Delete
Name: READON, TIMOTHY
Address: 9732 S.W. 165TH STREET
City-St-Zip: MIAMI, FL 33157

Title: VPT () Delete
Name: READON, HENRY H
Address: 2616 E. SUTTON DRIVE
City-St-Zip: HOLLYWOOD,, FL 33025

Title: TD () Delete
Name: RADSON, HENRY H
Address: 2616 E. SUTTON DRIVE
City-St-Zip: HOLLY;WOOD,, FL 33025

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:

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: PATRICIA RILEY

Electronic Signature of Signing Officer or Director

P.S.

03/20/2009

_____ Date