2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# N93000003299

Entity Name: MIRACLE TEMPLE OF APOSTOLIC FAITH, INC.

Current Principal Place of Business:

3140 N.W. 46 ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1471 NW 45 ST
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 65-0451280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERRING, ALVIN SR
1471 N.W. 45 ST
MIAMI, FL 33142 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: C ( ) Delete
Name: HERRING ELLA MAE,
Address: 1471 NW 45 ST
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete
Name: BLOODSAW, MARY A
Address: 4281 N. W. 172ND DR.
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: HERRING ALVIN JR,
Address: 4234 N. W. 22ND CT.
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: SCOTT EFREM T,
Address: 6610 N. W. 26TH AVE
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: HERRING ALVIN SR,
Address: 1471 NW 45 ST
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: ALEXIS TABITHA R,
Address: 135 N. W. 68TH TERR.
City-St-Zip: MIAMI, FL 33150

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: ALVIN HERRING SR. D 09/05/2007

Electronic Signature of Signing Officer or Director — Date