

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90045 016 ****61.25

DOCUMENT # N95000003380

1. Entity Name

HOUSE OF GOD MIRACLE TEMPLE OF CAROL CITY, INC.

Principal Place of Business

Mailing Address

16012 NW 27TH AVE
 MIAMI FL 33054

16012 NW 27TH AVE
 MIAMI FL 33054

2. Principal Place of Business

3. Mailing Address

16012 NW 27th Ave
 Suite, Apt. #, etc. N/A

16012 NW 27 Ave
 Suite, Apt. #, etc. N/A

City & State

City & State

Miami FL
 Zip 33054 Country Dade

Miami FL
 Zip 33054 Country Dade

4. FEI Number

650723538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWAIN, MAMIE L
 16030 N.W. 27TH PLACE
 OPA LOCKA FL 33054

Name Swain, Mamie L.
 Street Address (P.O. Box Number is Not Acceptable)
 16030 NW 27 PL
 City Opa-locka FL Zip Code 33054

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.

SIGNATURE Mamie A. Swain
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/12/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME SWAIN, MAMIE L
 STREET ADDRESS 16012 NW 27TH PL
 CITY-ST-ZIP MIAMI FL 33054 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TAS
 NAME ALLEN-JOHNSON, LENORA
 STREET ADDRESS 1146 JOANN AVENUE
 CITY-ST-ZIP MIAMI FL 33054 ☐ Delete

TITLE TAS
 NAME Allen-Johnson, Lenora
 STREET ADDRESS 1146 Joann Avenue
 CITY-ST-ZIP Miami, FL 33054 ☒ Change ☐ Addition

TITLE T
 NAME WALTON, ANNETTE
 STREET ADDRESS 3521 N.W. 176TH STREET
 CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
 NAME BYNUM, LACRETIA S
 STREET ADDRESS 1544 NW 55 TERR
 CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: Mamie A. Swain 1/12/02 (35) 608-2070
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)