2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003380

Entity Name: HOUSE OF GOD MIRACLE TEMPLE OF CAROL CITY, INC.

FILED Jun 02, 2004 Secretary of State

Current Principal Place of Business: New	Principal Place of Business:
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16012 NW 27TH AVE MIAMI, FL 33054

Current Mailing Address: New Mailing Address:

16012 NW 27TH AVE 16030NW 27TH PLACE MIAMI, FL 33054 MIAMI, FL 33054

FEI Number: 65-0723538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 SWAIN, MAMIE L
 Name:
 SWAIN, MAMIE L

 Address:
 16012 NW 27TH PL
 Address:
 16030NW 27TH PL

 City-St-Zip:
 MIAMI, FL 33054
 City-St-Zip:
 MIAMI, FL 33054

Title:ST() DeleteTitle:ST(X) Change () AdditionName:ALLEN-JOHNSON, LENORAName:ALLEN-JOHNSON, LENORAAddress:7351 CORAL BLVD.Address:7351 CORAL BLVD.

 City-St-Zip:
 MIRMAR, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33023

 Title:
 TT () Delete
 Title:
 T (X) Change () Addition

 Name:
 WALTON, ANNETTE
 Name:
 WALTON, ANNETTE

 Address:
 3521 N.W. 176TH STREET
 Address:
 3521 N.W. 176TH STREET

 City-St-Zip:
 CAROL CITY, FL 33055
 City-St-Zip:
 CAROL CITY, FL 33055

Title: T (X) Delete Title: () Change () Addition

 Name:
 SWAIN, JOHN
 Name:

 Address:
 16012 N.W. 27 PL
 Address:

 City-St-Zip:
 MIAMI, FL 33054
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAMIE SWAIN PD 06/02/2004