

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003380

FILED
Mar 28, 2009
Secretary of State

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

Current Principal Place of Business:

8707 N.W. 22 AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

16030NW 27TH PLACE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 65-0723538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAIN, MAMIE L
16030 N.W. 27TH PLACE
OPA LOCKA, FL 33054 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: PD () Delete
Name: SWAIN, MAMIE L
Address: 16030NW 27TH PL
City-St-Zip: MIAMI, FL 33054

Title: ST () Delete
Name: ALLEN-JOHNSON, LENORA
Address: 7351 CORAL BLVD.
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: WALTON, ANNETTE
Address: 3521 N.W. 176TH STREET
City-St-Zip: CAROL CITY, FL 33055

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:

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: MAMIE L. SWAIN

PD

03/28/2009

Electronic Signature of Signing Officer or Director

Date