FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

N9500003382 (7)

DOCUMENT # N9500003382 (7) HOUSE OF GOD MIRACLE TEMPLE OF EDISON CENTER, IN



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Principal Place of	f Business		Mail	ing Address				1 100 little Quantum and a service and a s				
170 N.W. 57TH STREET MIAMI FL 33127			170 N.W. 57TH STREET									
			Mi	MIAMI FL 33127				3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/1995				
			1 00	Mailing Address				4. FEI Number		A	pplied For 😽 -	
2. Principal Place of Business			26							N	lot Applicable	1
21			Suite, Apt. #, etc.					5. Certificate of Status Desired	\Box		Additional	
Suite, Apt. #, etc.				27				3. Certificate of States 200100			Required	4
City & State				City & State				6. Election Campaign Financing			D May Be d to Fees	1
23				28				Trust Fund Contribution	tanoible tax			1
Zip Country			Zip Country			intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24		25	29	ored Ament	30	Τ-		10. Name and Address of New Re	gistered A	gent		_
	9. Name	and Address of Curren	(negiai	ered Agent		81	Name					ł
						82	Ctroot Ado	lress (P.O. Box Number is Not Acceptable	e)			1
COLONEL, VICTORIA PASTOR							Street Act	(United by 1971)				4
291 N.W. 52ND STREET				1								1
MIAMI FL	_ 3312/					84	City			85 Zi	p Code	7
) .						1	1 '		FL	1 1 1	agintared office	_
or register familiar wit	ed agent, o th, and acce	opt the obligations of, Sect	ion 617.	0503, Florida Statutes				oration submits this statement for the purp and of directors. I hereby accept the apport	DATE			_
	Signature, type	or printed name of registered agent OFFICERS AN	and title if	· · · · · · · · · · · · · · · · · · ·	13		an og Door out	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12	_ {
12.	PD	UFFICENS AN	Dirice	DELETE	1.1	TITLE				Change	☐ Addition	
TITLE NAME		IEL, VICTORIA PASTO	R		1.2	NAME						- 18
STREET ADDRESS	291 N	W. 52ND STREET	••		1.3	STREE	ET ADDRESS					
CITY-ST-ZIP		FL 33127					-ST-ZIP		— <u> </u>	Change	Addition	
TITLE	TD			DELETE		TITLE						
NAME	GRUBI	BS, SABRINA SISTER			1	NAME						1
STREET ADDRESS		w. 52ND street					ET ADDRESS					}
CITY-ST-ZIP	MAM	FL 33127		DELETE		TITLE	'-ST-ZIP			Change	Addition	\neg
TITLE	SD			Пресен	4	NAM!						
NAME	1	S, JEANNETTA MIS.	CAD\				ET ADDRESS					ł
STREET ADDRESS		I.W. 57TH STREET (RI	CAN				Y - ST - ZIP					ᅴ
CITY-ST-ZIP	MIAMI	FL 33127		DELETE	4.1	TITU	E			Change	Addition	l
NAME					4.	2 NAN	ME .					- }
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CITY-ST-ZIP						_	r-ST-7IP			Change	e Addition	
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NAME	ļ				1	2 NAM						
STREET ADDRESS	;						EET ADDRESS					
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NAME						2 NAM 2 STD	REET ADDRESS	***61.25				
STREET ADDRESS	5						Y-ST-ZIP					
CITY_ST.71P	1					4 611	1-01-11	4. 4 the exemption stated in Section 11	9.07/3)/k), FI	orida Sta	tutes. I further	

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRANTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 (805) 54-2104