

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 025 ****61.25

DOCUMENT # N99000001491

1. Entity Name

MIRACLE TEMPLE MINISTRIES OF HOLLYWOOD, INC.



Principal Place of Business

1030 S.W. 56TH AVE.
HOLLYWOOD FL 33023

Mailing Address

5915 MAYO STREET
HOLLYWOOD FL 33023



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

5915 Mayo St.

1st MOORE

CR2E037 (10/07)

City & State

City & State

Hollywood, FL

4. FEI Number

91-1956337

Applied For

Not Applicable

Zip

Country

Zip

Country

33023

Broward

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

JEFFERSON, EDDIE
5915 MAYO STREET
HOLLYWOOD FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature and address must be on this filing.

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JEFFERSON, EDDIE
STREET ADDRESS 5915 MAYO ST.
CITY- ST- ZIP HOLLYWOOD FL 33023

TITLE VD ☐ Delete
NAME JEFFERSON, JESSIE
STREET ADDRESS 5915 MAYO ST.
CITY- ST- ZIP HOLLYWOOD FL 33023

TITLE ST ☐ Delete
NAME BOUIE, EULA
STREET ADDRESS 16531 NW 18 AVE
CITY- ST- ZIP MIAMI FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Eddie Jefferson

5-5-08

954) 962-6167