

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001491

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** MIRACLE TEMPLE MINISTRIES OF HOLLYWOOD, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1925 S. ST. RD. 7  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

5915 MAYO STREET  
HOLLYWOOD, FL 33023

**New Mailing Address:**

**FEI Number:** 91-1956337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEFFERSON, EDDIE  
5915 MAYO STREET  
HOLLYWOOD, FL 33023 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: JEFFERSON, EDDIE  
Address: 5915 MAYO ST.  
City-St-Zip: HOLLYWOOD, FL 33023

Title: VD ( ) Delete  
Name: JEFFERSON, JESSIE  
Address: 5915 MAYO ST.  
City-St-Zip: HOLLYWOOD, FL 33023

Title: ST ( ) Delete  
Name: BOUIE, EULA  
Address: 16531 NW 18 AVE  
City-St-Zip: MIAMI, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BUTLER, DELECIA  
Address: 3252 FOXCROFT ROAD # 205  
City-St-Zip: MIRAMAR, FL 33025

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: EDDIE JEFFERSON

PD

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date