

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007779

**Entity Name:** HOUSE OF GOD MIRACLE TEMPLE OF MIAMI, INC.

**Current Principal Place of Business:**

7590 NW 17TH AVE  
MIAMI, FL 33147

**Current Mailing Address:**

7590 NW 17TH AVE  
MIAMI, FL 33147

**FEI Number: 56-2477087**

**Certificate of Status Desired: Yes**

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

MAYARD, ERNEST  
7590 NW 17TH AVE  
MIAMI, FL 33147 US

*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

**Officer/Director Detail :**

Title PD  
Name MAYARD, ERNEST  
Address 7590 NW 17TH AVE  
City-State-Zip: MIAMI FL 33147

Title VP  
Name CARR, THOMAS  
Address 7590 NW 17TH AVE  
City-State-Zip: MIAMI FL 33147

Title SD  
Name BROWN, W. MARVA  
Address 7590 NW 17TH AVE  
City-State-Zip: MIAMI FL 33147

Title TD  
Name WESLEY, JOE  
Address 7590 NW 17TH AVE  
City-State-Zip: MIAMI FL 33147

Title D  
Name ROSS, JAMES  
Address 7590 NW 17TH AVE  
City-State-Zip: MIAMI FL 33147

Title AP  
Name MAYARD, DOLA  
Address 7590 NW 17TH AVE  
City-State-Zip: MIAMI FL 33147

*I hereby 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 all other like empowered.*

**SIGNATURE: ERNEST MAYARD**

**PRESIDENT**

**03/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date