

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003380

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

**Current Principal Place of Business:**

8707 N.W. 22 AVENUE  
MIAMI, FL 33147

**Current Mailing Address:**

16030NW 27TH PLACE  
MIAMI, FL 33054

**FEI Number: 65-0723538**

**Certificate of Status Desired: No**

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

SWAIN, MAMIE L  
16030 N.W. 27TH PLACE  
OPA LOCKA, FL 33054 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 SWAIN, MAMIE L  
Address 16030NW 27TH PL  
City-State-Zip: MIAMI FL 33054

Title SECRETARY  
Name ALLEN, MONICA  
Address 410 NW 139 ST  
City-State-Zip: MIAMI FL 33168

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

Title MISSIONARY PRESIDENT  
Name TAYLOR, OCTAVIA D  
Address 1480 N W 56TH STREET  
City-State-Zip: MIAMI FL 33142

Title VC, EVANGELIST  
Name CLARE, CASEY G  
Address 21001 NW 14 PL  
145  
City-State-Zip: MIAMI FL 33169

Title DIRECTOR  
Name ALLEN-JOHNSON, LENORA A  
Address 7351 CORAL BLVD.  
City-State-Zip: MIRAMAR FL 33023

Title PLAY DIRECTOR AND YOUTH DIRECTOR  
Name MILTON, CARYN J  
Address 16030 N W 27TH PLACE  
City-State-Zip: MIAMI GARDENS FL 33054

Title HEAD CHURCH MOTHER  
Name BYNUM, REBECCA  
Address 2300 N W 135TH STREET  
217  
City-State-Zip: OPA LOCKA FL 33054

**Continues on page 2**

*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: MAMIE SWAIN**

**PRESIDENT**

**02/01/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHURCH LEADER  
Name CLARE , SORRELL  
Address 21001 NW 14TH PLACE UNIT 145  
City-State-Zip: MIAMI GARDENS FL 33165