

2019 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

FILED
Apr 12, 2019
Secretary of State
9776858265CC

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 1868 N W 71 STREET
City-State-Zip: MIAMI FL 33147

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 16030 NW 27TH PLACE
City-State-Zip: MIAMI GARDENS FL 33054

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

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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: MONICA SWAIN-ALLEN

SECRETARY

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHURCH LEADER
Name ALLEN, KENNETH DEACON
Address 410NW139TH STREET ,
City-State-Zip: NORTH MIAMI FL 33168