

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**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