

**2021 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:**P O BOX 245476  
PEMBROKE PINES, FL 33024 US**FEI Number: 65-0723538****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALLEN-JOHNSON, LENORA  
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: LENORA ALLEN-JOHNSON****02/05/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR/PRESIDENT-A  
Name ALLEN-JOHNSON, LENORA  
Address P O BOX 245476  
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY/TREASURY  
Name ALLEN, MONICA  
Address 410 N W 139 STREET  
City-State-Zip: MIAMI FL 33168

Title MISSIONARY PRESIDENT  
Name PENDING, T B DETERMINED  
Address OPEN  
City-State-Zip: OPEN FL

Title EVANGELIST  
Name CLARE, CASEY G  
Address 21001 N W 14 PLACE  
145  
City-State-Zip: MIAMI FL 33169

Title PLAY DIRECTOR AND YOUTH  
DIRECTOR  
Name MILTON, CARYN J  
Address 20 N. W. 184TH TERRACE  
City-State-Zip: MIAMI GARDENS FL 33169

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

Title HEAD DEACON  
Name ALLEN, KENNETH JR.  
Address 410 N W 139TH STREET  
City-State-Zip: NORTH MIAMI FL 33168

Title ASST. SECRETARY  
Name JOHNSON ROMAN, SHEENA  
Address 890 NW 213TH LANE  
BLDG 16 APT 106  
City-State-Zip: MIAMI FL 33169

*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: LENORA ALLEN-JOHNSON****PASTOR/PRESIDENT****02/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date