

2015 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 ELDER, YOUTH PASTOR
Name CLARE, SORRELL T SR.
Address 21001 NW 14 PLACE
145
City-State-Zip: MIAMI FL 33169

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

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

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 ALLEN SWAIN

PRESIDENT

07/25/2015

Electronic Signature of Signing Officer/Director Detail

Date