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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008106

1. Entity Name
HOUSE OF PRAYER OF MIAMI INC

Principal Place of Business	Mailing Address
15320 SW 106TH AVENUE MIAMI, FL 33157	15320 SW 106TH AVENUE MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3273359

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABERCROMBIE ACCOUNTING INC
16115 SW 117TH AVENUE #25
MIAMI, FL 33177

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8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OPST
NAME	PICKFORD, BRUCE K
STREET ADDRESS	15320 SW 106TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	PICKFORD, LATONIA B
STREET ADDRESS	15320 SW 106TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	TIMMONS, WINDY
STREET ADDRESS	15320 SW 106TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80080-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LATONIA PICKFORD 3-19-07 3055535259
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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