

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008106

1. Entity Name

HOUSE OF PRAYER OF MIAMI INC



Principal Place of Business

15320 SW 106TH AVENUE
MIAMI, FL 33157

Mailing Address

15320 SW 106TH AVENUE
MIAMI, FL 33157

FILED

08 SEP 23 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200136348502
09/29/08--01058--002 **70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
PICKFORD, BRUCE K
15320 SW 106TH AVENUE
MIAMI, FL 33157

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TIMMONS, WINDY
15320 SW 106TH AVENUE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/SEPT/2008

Date

Daytime Phone #

(786)
487-6160