


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 028 ****70.00

DOCUMENT # N09002 1. Entity Name PRATT MEMORIAL HOLY SPIRIT CHRISTIAN CHURCH OF MIAMI, FLORIDA, INCORPORATED					
Principal Place of Business PRATT MEMORIAL H.S.C. CHURCH 1900 NORTHWEST 183RD STREET MIAMI, FL 33054 US			Mailing Address 2201 N. W. 189 TERRACE MIAMI, FL 33056 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	09022006 Chg-NP CR2E037 (4/06) 4. FEI Number 65-0532560	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALL, FLORENCE PRATT 2201 NW 189 TERRACE MIAMI, FL 33056			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director Hall, Florence Pratt Same	
NAME	HALL, FLORENCE PRATT		NAME	Same	
STREET ADDRESS	2201 NW 189 TERRACE		STREET ADDRESS	Same	
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP	Same	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANCE, HENRY		NAME		
STREET ADDRESS	2201 N. W. 189 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, BRENDA		NAME		
STREET ADDRESS	1701 NW 185 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, BENJAMIN F. JR		NAME		
STREET ADDRESS	7401 NW 186 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, JAMES G.		NAME		
STREET ADDRESS	18545 NW 22 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President-Director Williams, IRA J. Same	
NAME	WILLIAMS, IRA J		NAME	Same	
STREET ADDRESS	15800 BUNCHE PARK SCHOOL DR		STREET ADDRESS	Same	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	Same	
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: <i>Florence Pratt Hall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9-1-06		
			Daytime Phone # 954-592 1971		