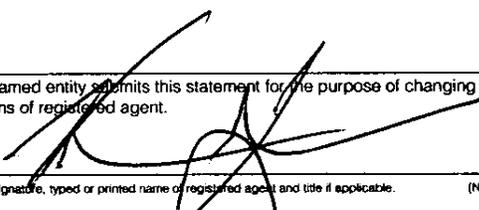
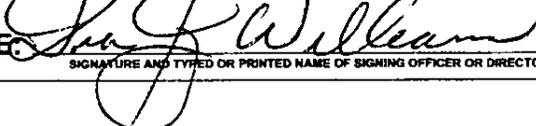


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90005 007 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02282007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0532560	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>C. Vincent LaCurto</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>2122 Hollywood Blvd.</u>		
			City <u>Hollywood</u> FL Zip Code <u>33020</u>		
8. The above named entity admits 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 <u>3-1-07</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, FLORENCE PRATT		NAME	<u>Ivan E. Williams</u>	
STREET ADDRESS	2201 NW 189 TERRACE		STREET ADDRESS	<u>2201 N.W. 189th Terrace</u>	
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP	<u>MIAMI, FL 33056</u>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BRENDA		NAME	<u>Velma W. Johnson</u>	
STREET ADDRESS	1701 NW 185 ST		STREET ADDRESS	<u>260 Beechwood Lane</u>	
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP	<u>Stone Mountain, GA 30087</u>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, BENJAMIN F. JR		NAME	<u>Geneva Crawford</u>	
STREET ADDRESS	7401 NW 186 ST		STREET ADDRESS	<u>4736 N.W. 5th Court</u>	
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP	<u>COCONUT CREEK, FL 33063</u>	
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, IRA J		NAME		
STREET ADDRESS	15800 BUNCHE PARK SCHOOL DR		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 of 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 			Date <u>03/01/07</u>		Daytime Phone # <u>(954) 592-1971</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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