


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90050 022 \*\*\*\*70.00

<b>DOCUMENT # N21947</b>			
1. Entity Name <b>MY HOUSE SHALL BE CALLED THE HOUSE OF PRAYER HOLINESS AND FIRE BAPTIZED CHURCH, INC.</b>			
Principal Place of Business <b>6027 NW 22ND AVE MIAMI FL 33142 US</b>		Mailing Address <b>1840 NW 90TH STREET MIAMI FL 33147 US</b>	
2. Principal Place of Business <b>6027 N.W. 22nd Avenue</b>		3. Mailing Address <b>1840 N.W. 90th Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33142</b>	Country <b>DADE</b>	Zip <b>33147</b>	Country <b>DADE</b>
6. Name and Address of Current Registered Agent <b>GREENE, ALICE D REV 1840 NW 90 ST MIAMI FL 33147</b>		7. Name and Address of New Registered Agent <b>REV. ALICE D. GREENE 1840 N.W. 90th Street MIAMI FL 33147</b>	
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.			

**50010580**



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2841839** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, ALICE		NAME		
STREET ADDRESS	1840 N.W. 90 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, STEPHANIE		NAME		
STREET ADDRESS	1490 NW 59TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, TIFFANY		NAME	ROSE DANIELS	
STREET ADDRESS	1490 NW 59TH ST		STREET ADDRESS	12741 Wood Street	
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP	MIAMI FL 33167	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANT, DEBRA JOYCE		NAME	Ernestine Walker	
STREET ADDRESS	2190 NW 97TH ST		STREET ADDRESS	2247 N.W. 97th Street	
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP	MIAMI FL 33147	
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		
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 exemption stated in Section 119.07(3)(i), 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:** Rev. Alice D. Greene - Rev. Alice D. Greene 1/31/05 - 786-239-3102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #