


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90047 002 \*\*\*\*70.00

<b>DOCUMENT # N21947</b>	
<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>	<b>Mailing Address</b>
6027 NW 22ND AVE MIAMI FL 33142 US	1840 NW 90TH STREET MIAMI FL 33147 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
6027 N.W. 22nd Avenue	1840 N.W. 90th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
MIAMI FLORIDA	MIAMI FLORIDA
<b>Zip</b>	<b>Zip</b>
33142	33147
<b>Country</b>	<b>Country</b>
DADE	DADE

<b>4. FEI Number</b>	<b>Applied For</b>
59-2841839	Not Applicable

<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input checked="" type="checkbox"/>	

<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>
Name: Rev. Alice D. Greene
Street Address (P.O. Box Number is Not Acceptable)
1840 N.W. 90th Street
City: MIAMI FL Zip Code: 33147

**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.**

<b>SIGNATURE</b>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	GREENE, ALICE	<b>NAME</b>	
<b>STREET ADDRESS</b>	1840 N.W. 90 STREET	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIAMI FL 33147	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WILCOX, STEPHANIE	<b>NAME</b>	
<b>STREET ADDRESS</b>	1490 NW 59TH ST	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIAMI FL 33142	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	DANIELS, ROSE	<b>NAME</b>	NARSHAR GANTZ
<b>STREET ADDRESS</b>	12741 WOOD STREET	<b>STREET ADDRESS</b>	8550 N. Sherman Circle # 305
<b>CITY-ST-ZIP</b>	MIAMI FL 33167	<b>CITY-ST-ZIP</b>	MIRAMON, FL 33025
<b>TITLE</b>	<b>AS</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WORKER, EARNESTINE	<b>NAME</b>	
<b>STREET ADDRESS</b>	2247 NORTHWEST 97TH STREET	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIAMI FL 33147	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Rev. Alice D. Greene 1/30/06 305-693-5850  
786-239-3102