

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90049 037 \*\*\*\*70.00

DOCUMENT # N21947

1. Entity Name

MY HOUSE SHALL BE CALLED THE HOUSE OF PRAYER  
HOLINESS AND FIRE BAPTIZED CHURCH, INC.



Principal Place of Business

Mailing Address

6027 NW 22ND AVE  
MIAMI FL 33142  
US

1840 NW 90TH STREET  
MIAMI FL 33147  
US



2. Principal Place of Business - No P.O. Box #

6027 N.W. 22nd Ave.

3. Mailing Address

1840 N.W. 90th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

59-2841839

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENE, ALICE D REV  
1840 NW 90 ST  
MIAMI FL 33147

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GREENE, ALICE  
STREET ADDRESS 1840 N.W. 90 STREET  
CITY ST ZIP MIAMI FL 33147 ☐ Delete

TITLE TD  
NAME WILCOX, STEPHANIE  
STREET ADDRESS 1490 NW 59TH ST  
CITY ST ZIP MIAMI FL 33142 ☐ Delete

TITLE SD  
NAME GANTZ, NARSHA  
STREET ADDRESS 8550 N SHERMAN CIR 305  
CITY ST ZIP HOLLYWOOD FL 33025 ☒ Delete

TITLE AS  
NAME WORKER, EARNESTINE  
STREET ADDRESS 2247 NORTHWEST 97TH STREET  
CITY ST ZIP MIAMI FL 33147 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE SD  
NAME DOROTHY Palmer  
STREET ADDRESS 1403 N.W. 7th Street # 208  
CITY ST ZIP Miami FL 33125 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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. Moore - REV. Alice D. Greene 1/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #