

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90137 047 \*\*\*\*70.00

DOCUMENT # *My House Shall be*  
1. Entity Name *Called One House of Prayer*  
*Holiness and Firebaptized*  
*Church Inc.* *33147*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business *6027 N.W. 22nd Ave.*  
Suite, Apt. #, etc.

3. Mailing Address *1840 N.W. 90th Street*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Miami FL 33142*  
Zip *33142* Country *DADE*

City & State *Miami FL 33147*  
Zip *33147* Country *DADE*

4. FEI Number *23-08-336659-55C*  
Applied For ☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 *Pastor/President/Registaring agent*  
NAME *Rev. Alice D. Greene*  
STREET ADDRESS *1840 N.W. 90th St.*  
CITY-ST-ZIP *Miami FL 33147*

TITLE *Evangelist*  
NAME *Stephanie Wilcox*  
STREET ADDRESS *1490 N.W. 59th Street*  
CITY-ST-ZIP *Miami FL 33142*

TITLE *Secretary*  
NAME *Tiffany Wilcox*  
STREET ADDRESS *1490 N.W. 59th Street*  
CITY-ST-ZIP *Miami FL 33147*

TITLE *Assisting Secretary*  
NAME *Evangel. Debra Gayce Grant*  
STREET ADDRESS *2190 N.W. 90th St.*  
CITY-ST-ZIP *Miami FL 33147*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Alice D. Greene - Rev. Alice D. Greene* *7/16/03*

*305-693-5850*

CR2E037B (12/02)