

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32884

FILED  
Mar 05, 2007  
Secretary of State

**Entity Name:** UNIVERSAL HOUSE OF PRAYER HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

5911 N.W. 24TH AVENUE  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2148 48 STREET  
MIAMI, FL 33142 US

**New Mailing Address:**

**FEI Number:** 65-0134831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAMBERS, MARY  
2148 NW 48TH ST.  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHAMBERS, MARY,  
Address: 2148 NW 48TH ST  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: WHEELER, WILLMER,  
Address: 3048 NW 63RD ST  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: WADE, TIPPIE J  
Address: 2120 N.W. 132 ST  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: SMITH, LEOLA,  
Address: 17721 NW 28TH COURT  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CHAMBERS

D

03/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date