

**FILE NOW: FILING FEE IS \$615**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Ham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N43157 (9)**

1. Corporation Name

**THE HOLY GHOST POWER HOUSE PENTECOSTAL CHURCH OF GOD, INC.**



Principal Place of Business

Mailing Address

546 NW 16TH STREET  
FLORIDA CITY FL 33034  
US

15200 SW 304TH ST.  
LEISURE CITY FL 33033  
US

3. Date Incorporated or Qualified: **04/26/1991**  
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0280611**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRENCE, LORRAINE  
15200 SW 304TH ST.  
LEISURE CITY FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE:  DELETE  
NAME: **D LAWRENCE, AUSTIN**  
STREET ADDRESS: **15200 SW 304TH ST.**  
CITY-ST-ZIP: **LEISURE CITY FL**

11 TITLE:  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE:  DELETE  
NAME: **D LAWRENCE, LORRAINE**  
STREET ADDRESS: **15200 SW 304TH ST.**  
CITY-ST-ZIP: **LEISURE CITY FL**

21 TITLE:  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE:  DELETE  
NAME: **D LAWRENCE, ZIPHIA**  
STREET ADDRESS: **15200 SW 304TH ST.**  
CITY-ST-ZIP: **LEISURE CITY FL**

31 TITLE:  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE:  DELETE  
NAME: **Cecil GANT (DEACON)**  
STREET ADDRESS: **30033 S.W. 152 AVE**  
CITY-ST-ZIP: **LEISURE CITY FL**

41 TITLE:  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE:  DELETE  
NAME: **DEACON James WAKES**  
STREET ADDRESS: **27015 S.W. 144 AVE**  
CITY-ST-ZIP: **NARANJA FL 33032**

51 TITLE:  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE:  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE:  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cecil Gant* **AUSTIN LAWRENCE (PASTOR)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 (305) 247-5322  
Date Daytime Phone #

CR2E037 (12/95)