

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N43157 (9)**

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



|   |  |
|---|--|
| Principal Place of Business<br><b>546 NW 16TH STREET<br/>FLORIDA CITY FL 33034<br/>US</b> | Mailing Address<br><b>15200 SW 304TH ST.<br/>LEISURE CITY FL 33033-3637<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/26/1991</b> | 3a. Date of Last Report<br><b>01/25/1996</b> |
|--|--|

|  |   |   |
|--|---|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | 4. FEI Number<br><b>65-0280611</b><br>Applied For<br>Not Applicable |
|--|---|---|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>LAWRENCE, AUSTIN</b>                  |
| STREET ADDRESS | <b>15200 SW 304TH ST.</b>                |
| CITY-ST-ZIP    | <b>LEISURE CITY FL</b>                   |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>LAWRENCE, LORRAINE</b>                |
| STREET ADDRESS | <b>15200 SW 304TH ST.</b>                |
| CITY-ST-ZIP    | <b>LEISURE CITY FL</b>                   |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>LAWRENCE, ZIPHIA</b>                  |
| STREET ADDRESS | <b>15200 SW 304TH ST.</b>                |
| CITY-ST-ZIP    | <b>LEISURE CITY FL</b>                   |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>CECIL GANT</b>                        |
| STREET ADDRESS | <b>30033 S. W. 152-AVENUE</b>            |
| CITY-ST-ZIP    | <b>LEISURE CITY FL</b>                   |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>JAMES WATERS</b>                      |
| STREET ADDRESS | <b>27015 S.W. 144 AVE.</b>               |
| CITY-ST-ZIP    | <b>NARANJA FL</b>                        |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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 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* (PASTOR) **RED** 1-3-97 (305)460-5153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024204

CR2E037 (9/96)