

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90067 047 \*\*\*\*61.25

**DOCUMENT # N43157**

1. Entity 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

004200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0280611

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cecil Gant* RECC (PASTOR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-02 (305) 247-5322

Date

Daytime Phone #

CR2E037 (9/01)