


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43157</b> 1. Entity Name <b>THE HOLY GHOST POWER HOUSE PENTECOSTAL CHURCH OF GOD, INC.</b>					
Principal Place of Business 546 NW 16TH STREET FLORIDA CITY FL 33034 US		Mailing Address 15200 SW 304TH ST. LEISURE CITY FL 33033 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0280611</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAWRENCE, LORRAINE 15200 SW 304TH ST. LEISURE CITY FL 32301</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	000000013538 <input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	LAWRENCE, AUSTIN		NAME	01/27/04-80003-002 61.25	
STREET ADDRESS	15200 SW 304TH ST.		STREET ADDRESS		
CITY - ST - ZIP	LEISURE CITY FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	LAWRENCE, LORRAINE		NAME		
STREET ADDRESS	15200 SW 304TH ST.		STREET ADDRESS		
CITY - ST - ZIP	LEISURE CITY FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	LAWRENCE, ZIPHIA		NAME		
STREET ADDRESS	15200 SW 304TH ST.		STREET ADDRESS		
CITY - ST - ZIP	LEISURE CITY FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	CECIL GANT		NAME		
STREET ADDRESS	30033 S. W. 152 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	LEISURE CITY FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	JAMES WATERS		NAME		
STREET ADDRESS	27015 S.W. 144 AVE.		STREET ADDRESS		
CITY - ST - ZIP	NARANJA FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E037 (11/03)

4. FEI Number **65-0280611** Applied For  Not Applied

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

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 \_\_\_\_\_

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NAME	LAWRENCE, LORRAINE		NAME		
STREET ADDRESS	15200 SW 304TH ST.		STREET ADDRESS		
CITY - ST - ZIP	LEISURE CITY FL		CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(f), 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:** *Justin Summers (Pastor)* **01-22-04** **305-2475322**

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