

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90007 031 \*\*\*\*61.25

**DOCUMENT # N43157**



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

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

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

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lorraine Lawrence*

01-03-03

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Lorraine Lawrence* (Bishop)

01-03-03 305-247-5322

CR2E037 (10/02)