

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004576

**Entity Name:** THE HOLY PLACE, INC.

**Current Principal Place of Business:**

1264 SW CALIFORNIA AVENUE  
SUITES K AND L  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

2334 S.W. FERN CIRCLE  
PORT ST LUCIE, FL 34953 US

**FEI Number: 04-3689481**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUFFIELD, RICHARD P  
2334 SW FERN CIR  
PORT ST LUCIE, FL 34953 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DUFFIELD, RICHARD P PASTOR  
Address 2334 SW FERN CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34953

Title VP  
Name FATHAUER, DEVON  
Address 2337 SW FERN CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title ELDER  
Name DUFFIELD, MARISTELA B  
Address 2334 S.W. FERN CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34953

Title ELDER  
Name ALFANO, RICHARD G  
Address 6105 BAMBOO DR.  
City-State-Zip: FORT PIERCE FL 34982

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD P DUFFIELD**

**PRESIDENT PASTOR**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date