## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002748

Entity Name: HOLY GHOST REVIVAL DELIVERANCE CENTER, INC.

FILED
Jan 16, 2017
Secretary of State
CC4268137433

**Current Principal Place of Business:** 

1502 BAY WOOD RD GULF BREEZE. FL 32563

## **Current Mailing Address:**

1502 BAY WOOD RD

GULF BREEZE, FL 32563 US

FEI Number: 20-4538512 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

HALL, LEE MURPHY 1502 BAY WOOD RD GULF BREEZE, FL 32563 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: LEE MURPHY HALL 01/16/2017

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

TitleAPOSTLETitleSR. PASTORNameHALL, LEE MURPHYNameHALL, LINDA MAddress718 5TH STAddress718 5TH ST

City-State-Zip: NATCHITOCHES LA 71457 City-State-Zip: NATCHITOCHES LA 71457

Title PASTOR Title MINISTER

Name COMEGER, VUNDA L Name WELLS, FAITH Y

Address 1502 BAYWOODS ROAD Address 2531 ELIZABETH LONCKI DR
City-State-Zip: GULF BREEZE FL 32563 City-State-Zip: SAN ANTONIO TX 78236

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: LEE M HALL APOSTLE 01/16/2017