

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002748

**FILED**  
**Mar 01, 2014**  
**Secretary of State**  
**CC2435751048**

**Entity Name:** HOLY GHOST REVIVAL DELIVERANCE CENTER, INC.

**Current Principal Place of Business:**

1887 SUNDOWN DR.  
NAVARRE, FL 32566

**Current Mailing Address:**

1887 SUNDOWN DR.  
NAVARRE, FL 32566

**FEI Number: 20-4538512**

**Certificate of Status Desired: Yes**

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

HALL, LEE MBISHOP  
1887 SUNDOWN DR  
NAVARRE, FL 32566 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 HALL, LEE MBISHOP  
Address 1887 SUNDOWN DR  
City-State-Zip: NAVARRE FL 32566

Title VP  
Name COMEGER, STEVEN AA B  
Address 1887 SUNDOWN DR  
City-State-Zip: NAVARRE FL 32566

Title AP  
Name HALL, LINDA MCO-PAST  
Address 1887 SUNDOWN DR  
City-State-Zip: NAVARRE FL 32566

Title SEC  
Name COMEGER, VUNDA LEVANG.  
Address 1887 SUNDOWN DR  
City-State-Zip: NAVARRE FL 32566

Title TREA  
Name WELLS, FAITH YMINISTE  
Address 1887 SUNDOWN DR  
City-State-Zip: NAVARRE FL 32566

*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 MAKE HALL**

**BISHOP**

**03/01/2014**

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

\_\_\_\_\_  
Date