

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002748

**Entity Name:** HOLY GHOST REVIVAL DELIVERANCE CENTER, INC.**Current Principal Place of Business:**1502 BAY WOOD RD  
GULF BREEZE, FL 32563**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	APOSTLE
Name	HALL, LEE M
Address	1887 SUNDOWN DR
City-State-Zip:	NAVARRE FL 32566

Title	VP
Name	COMEGER, STEVEN A
Address	1502 BAY WOODS ROAD
City-State-Zip:	GULF BREEZE FL 32563

Title	PASTOR
Name	HALL, LINDA M
Address	1887 SUNDOWN DR
City-State-Zip:	NAVARRE FL 32566

Title	SEC
Name	COMEGER, VUNDA L
Address	1502 BAYWOODS ROAD
City-State-Zip:	GULF BREEZE FL 32563

Title	TREA
Name	WELLS, FAITH Y
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 M. HALL

APOSTLE

01/15/2016

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