

2021 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:**1502 BAY WOOD RD
GULF BREEZE, FL 32563 US**FEI Number:** 20-4538512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALL, LEE MURPHY
165 ALEX AVE
NATCHITOCHES, FL 71457 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

02/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	APOSTLE
Name	HALL, LEE M
Address	165 ALEX AVE
City-State-Zip:	NATCHITOCHES LA 71457

Title	SR. PASTOR
Name	HALL, LINDA M
Address	165 ALEX AVE
City-State-Zip:	NATCHITOCHES LA 71457

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

Title	MINISTER
Name	WELLS, FAITH Y
Address	12615 KELLY RD ATASCOSA TX 78002
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

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date