

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002948

**FILED**  
**Apr 16, 2013**  
**Secretary of State**  
**CC4017448898**

**Entity Name:** HOLY GHOST FROM HEAVEN DELIVERANCE CHURCH OF JESUS CHRIST INCORPORATED

**Current Principal Place of Business:**

2783NW22BLVD  
JENNINGS, FL 32053

**Current Mailing Address:**

PO BOX  
402  
JENNINGS, FL 32053

**FEI Number: 80-0386390**

**Certificate of Status Desired: Yes**

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

DUBERRY, LEONA  
3302 N 34TH ST  
TAMPA, FL 33605 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 O P  
Name DUBERRY, LEONA PASTOR  
Address 3302 N 34TH ST  
City-State-Zip: TAMPA FL 33605

Title AP  
Name BLAKE, BENJERMINE MR  
Address 805 LANE DR APT B14  
City-State-Zip: LAKE PARK GA 32236

Title S T  
Name DUBOISE, HARRIET  
Address 3001 NW 23RD BOULEVARD  
City-State-Zip: JENNINGS FL 32053

Title BM  
Name ELLISION, MARY  
Address 2145RIVER ST  
City-State-Zip: VALDOSTA GA 31601

Title U  
Name CURRY, EVELYN  
Address 508 7 TH AVE  
City-State-Zip: JASPER FL 32052

Title BM  
Name BROWN, SHERLIN  
Address 807 FRY ST APT 41  
City-State-Zip: VALDOSTA GA 31601

*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: LEONA DUBERRY**

**PASTOR**

**04/16/2013**

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

\_\_\_\_\_  
Date