## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000005038

Entity Name: HOLY GHOST FROM HEAVEN DELIVERANCE CHURCH OF

JESUS CHRIST # 2, INCORPORATED

**FILED** Apr 17, 2018 **Secretary of State** CC3745947070

## **Current Principal Place of Business:**

3409 N. 29TH STREET SUITE B TAMPA, FL 33605

## **Current Mailing Address:**

3302 N 34TH STREET TAMPA, FL 33605 US

FEI Number: 80-0386390 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

DUBERRY, LEONA P PASTOR 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

Officer/Director Detail:

Title **PASTOR** Title PPO

Name FISHER, RICHARD PASTOR Name DUBERRY, LEONA 1446 E ST 139TH AVE P.O. BOX 402 Address Address

City-State-Zip: JENINNINGS FL 32053 City-State-Zip: TAMPA FL 33613

Title Ε Title **OTHER** 

MURPHY, CUBIE Name DREW, EMMA Name Address 928 MARYLAND AVE 3409 N 29TH STREET Address SUITE B

City-State-Zip: TAMPA FL 33605 TAMPA FL 33605 City-State-Zip:

Title **USHER** 

Title BM. TREASURER, SECRETARY REED, ANGELA Name LEE, SHIRLEY A Name Address 4004 N 30TH ST

3302 N. 34TH ST Address APT 101

City-State-Zip: TAMPA FL 33610 City-State-Zip: TAMPA FL 33605

Title **BOARD MEMBER** Name CLARK, HERBERT Address 3310 25TH AVE. City-State-Zip: TAMPA FL 33605

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: OVERSEER LEONA DUBERRY **OVERSEER** 04/17/2018

Date