

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43157

**Entity Name:** THE HOLY GHOST POWER HOUSE PENTECOSTAL CHURCH OF GOD, INC.

**FILED**  
**Feb 17, 2021**  
**Secretary of State**  
**4142263179CC**

**Current Principal Place of Business:**

546 NW 16TH STREET  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

1550 NORTHWEST 14TH TERRACE  
HOMESTEAD, FL 33030 US

**FEI Number: 65-0280611**

**Certificate of Status Desired: No**

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

LAWRENCE, AUSTIN  
1550 NORTHWEST 14TH TERRACE  
HOMESTEAD, FL 33030 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	PD	Title	EXECUTIVE SECRETARY
Name	LAWRENCE, AUSTIN	Name	LAWRENCE, LORRAINE
Address	1550 NORTHWEST 14TH TERRACE	Address	1550 NW 14TH TER
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030
Title	SECRETARY	Title	D
Name	LAWRENCE, ZIPHIA	Name	SEYMOUR, CONNIE
Address	13362 SW 255 TERRACE	Address	416 NW 12TH STREET
City-State-Zip:	PRINCETON FL 33032	City-State-Zip:	FLORIDA CITY FL 33034
Title	ASST. SECRETARY		
Name	LAWRENCE, YAKEITHA		
Address	1550 NORTHWEST 14TH TERRACE		
City-State-Zip:	HOMESTEAD FL 33030		

*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: ZIPHIA LAWRENCE**

**SECRETARY**

**02/17/2021**

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

\_\_\_\_\_  
Date