

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704142

FILED
Jan 18, 2005
Secretary of State

Entity Name: THE HOLY GHOST CHURCH OF GOD OF THE APOSTALIC FAITH, INC.

Current Principal Place of Business:

1250 N.W. 43RD ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1250 N.W. 43RD ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEDVIN, PHILIP
75 VALENCIA AVENUE
SUITE 900
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARLINE, BISHOP DANIE, L
Address: 1250 N.W. 43RD ST.
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: DAVIS, DEACON WADE,
Address: 1250 N.W. 43RD ST.
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: ARLINE, EVALENA,
Address: 1250 N.W. 43RD ST.
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: DAVIS, JEWEL,
Address: 1250 N.W. 43RD ST.
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL ARLINE

PD

01/18/2005

Electronic Signature of Signing Officer or Director

Date