

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90001 035 ****70.00

DOCUMENT # 722345			
1. Entity Name THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD INC.			
Principal Place of Business 2901 5TH AVENUE SOUTH ST PETERSBURG FL 33712 US		Mailing Address 782 64TH AVE. SOUTH ST. PETERSBURG FL 33705-5922 US	
2. Principal Place of Business <i>2901 5th Ave. South</i>		3. Mailing Address <i>782 64th Ave. South</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>St Petersburg FL</i>		City & State <i>St Petersburg FL</i>	
Zip <i>33712</i>	Country <i>USA</i>	Zip <i>33705</i>	Country



MOORE CR2E037 (11/03)

4. FEI Number 23-7168635		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOLCY, WILLIE D BISHOP 782 64TH AVE SOUTH ST. PETERSBURG FL 33705		7. Name and Address of New Registered Agent Name <i>Bishop Willie D. Holcy</i> Street Address (P.O. Box Number is Not Acceptable) <i>782 64th Ave South</i> City <i>St Petersburg</i> FL Zip Code <i>33705</i>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bishop Willie D. Holcy*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD HOLCY, WILLIE D.(BISHOP) 782 64 AVE S ST. PETE. FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HOLCY, ARIE LEE 782 64 AVE S ST. PETE. FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RIVERS, PATRICIA ANN 2440 24TH AVE S ST. PETE. FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW, ISAAC 6911 BONAIR DR TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, WILLIAM H. 2501 22 AVE S ST PETE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bishop Willie D Holcy* *Chairman of Board* *727-864-0046*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/21/04* Daytime Phone #