

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

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

2901 5th ave. SOUTH

Suite, Apt. #, etc.

3. Mailing Address

782 64th ave. SOUTH

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

City & State

ST PETERSBURG, FL

Zip

33712

Country

U.S.A

Zip

33705

Country

U.S.A

4. FEI Number

23-7168635

Applied For

Not Applicable

5. Certificate of Status Desired

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\$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
BISHOP WILLIE D. HOLCY

Street Address (P.O. Box Number is Not Acceptable)

782 64th AVE. SOUTH

City
ST. PETERSBURG

FL

Zip Code

33705

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, 2006

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PMD	<input type="checkbox"/> Delete
NAME	HOLCY, WILLIE D.(BISHOP)	
STREET ADDRESS	782 64 AVE S	
CITY- ST- ZIP	ST. PETE. FL	

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	HOLCY, ARIE LEE	
STREET ADDRESS	782 64 AVE S	
CITY- ST- ZIP	ST. PETE. FL	

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	RIVERS, PATRICIA ANN	
STREET ADDRESS	2440 24TH AVE S	
CITY- ST- ZIP	ST. PETE. FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREW, ISAAC	
STREET ADDRESS	6911 BONAIR DR	
CITY- ST- ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, WILLIAM H.	
STREET ADDRESS	2501 22 AVE S	
CITY- ST- ZIP	ST PETE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCY, ARIE LEE	
STREET ADDRESS	782 64th AVE SOUTH	
CITY- ST- ZIP	ST. PETE FL	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRIGGS, PATRICIA ANN	
STREET ADDRESS	2440 24th Ave. SO	
CITY- ST- ZIP	ST PETE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, WILLIAM H	
STREET ADDRESS	2501 22nd Ave SO	
CITY- ST- ZIP	ST. PETE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Willie D Holcy Bishop* *Chairman 2/4/06*