


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 11 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 741140  
 1. Corporation Name  
**HOLYGHOST CRUSADE EVANGELISTIC ASSOCIATION, INC.**

Principal Place of Business <b>P. O. Box 119 Berwick, LA. 70342-0119</b>	Mailing Address <b>P. O. Box 119 Berwick, LA. 70342-0119</b>
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3. Date Incorporated or Qualified <b>11/28/1977</b>		3a. Date of Last Report <b>1996</b>	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1772827</b>	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23. Zip		28. City & State	
24. Country		29. City & State	
25. Country		30. Country	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BROWN, ELIJAH                  3970 N. W. 185 St.                  Carol City, Florida 33055</b>				10. Name and Address of New Registered Agent			
81. Name				85. Zip Code			
82. Street Address (P.O. Box Number is Not Acceptable)				FL			
83.							
84. City							

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>3970 N.W. 185 Street</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Carol City, FL.</b>	1.4 CITY-ST-ZIP	
TITLE	V/S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MEZ'L E.</b>	2.2 NAME	
STREET ADDRESS	<b>3970 N. W. 185 Street</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Carol City, FL.</b>	2.4 CITY-ST-ZIP	
TITLE	A/V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, ANDRE P. (Esh'Ghadar)</b>	3.2 NAME	
STREET ADDRESS	<b>3970 N.W. 185 Street</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Carol City, FL.</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, GAYNELL</b>	4.2 NAME	
STREET ADDRESS	<b>3970 N. W. 185 Street</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Carol City, FL.</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, VERNICE</b>	5.2 NAME	
STREET ADDRESS	<b>3970 N.W. 185 Street</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, FL.</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*cc 7/11*

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Mrs. Mez'L E. Brown *[Signature]* **5/30/97** **504-384-1404**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)