FILED FILE NOW: FILING FEE IS \$61.25 Mar 13 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION * Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 741140 (8)HOLYGHOST CRUSADE EVANGELISTIC ASSOCIATION, INC. Principal Place of Business Malling Address POST OFFICE BOX 119 POST OFFICE BOX 119 3. Date Incorporated or Qualified BERWICK LA 70342-0119 BERWICK LA 70342-0119 **11/28/1977** 4. FEI Number Applied For <u>59-1772827</u> Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 6. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, ELIJAH 82 Street Address (P.O. Box Number is Not Acceptable) 3970 NW 185TH ST. 83 CAROL CITY FL 33055 84 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE Addition TITLE PD BROWN, WILLIAM E NAME 1.2 NAME 3970 NW 185TH ST. STREET ADDRESS 1.3 STREET ADDRESS CAROL CITY FL CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETÉ Change TITLE 2.1 TITLE ☐ Addition BROWN, MEZ'L E. 2.2 NAME 3970 NW 185TH ST. STREET ADDRESS 2.3 STREET ADDRESS Carol City Fl CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE Beauns Keonna LOR'RELL BROWN, ANDRE P. NAME 3.2 NAME 3970 N.W. 185 ST. 3970 NW 185TH ST. 3.3 STREET ADDRESS STREET ADDRESS CAROL CITY, FL. 33055 **CAROL CITY FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition 4.1 TITLE TITLE BROWN, GAYNELL 4.2 NAME STREET ADDRESS 3970 NW 185TH ST. 4.3 STREET ADDRESS CAROL CITY FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE HENRY, VERNICE NAME 5.2 NAME 3970 NW 185TH ST. 5.3 STREET ADDRESS STREET ADDRESS CAROL CITY FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 apachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

MET DURANA

NAME STREET ADDRESS

CITY-ST-ZIP

2/21/98