


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90008 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</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 POST OFFICE BOX 119 BERWICK LA 70342-0119	Mailing Address POST OFFICE BOX 119 BERWICK LA 70342-0119
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21 2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/28/1977
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1772827
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROWN, ELIJAH 3970 NW 185TH ST. CAROL CITY FL 33055		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM E	1.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	1.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, KEONNA LOR'REL	2.2 NAME	V/S BROWN, MEZ'L E.
STREET ADDRESS	3970 NW 185TH ST	2.3 STREET ADDRESS	3970 N.W. 185 STREET
CITY-ST-ZIP	CAROL CITY FL 33055	2.4 CITY-ST-ZIP	CAROL CITY, FLA. 33055
TITLE	AV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ANDRE P.	3.2 NAME	AV BROWN, KEONNA LOR'RELL
STREET ADDRESS	3970 NW 185TH ST.	3.3 STREET ADDRESS	3970 N.W. 185 STREET
CITY-ST-ZIP	CAROL CITY FL	3.4 CITY-ST-ZIP	CAROL CITY, FLA. 33055
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GAYNELL	4.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, VERNICE	5.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED *William E. Brown* V/S 4/7/99 504-384-3402

CR2E037 (11/98)