

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

(2000)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1772827	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30		

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

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 _____ DATE _____
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	
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	3000003191943-1
CITY-ST-ZIP	CAROL CITY FL	1.4 CITY-ST-ZIP	-03/31/00--01070--002
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MEZ'L E.	2.2 NAME	
STREET ADDRESS	3970 NW 185TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33055	2.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KEONNA LOR'RELL	3.2 NAME	
STREET ADDRESS	3970 NW 185TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	3.4 CITY-ST-ZIP	
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	

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14. 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 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.

[Handwritten Signature]

KEONNA MEZ'L E. BROWN V/S 3/16/00 504-384-3402