

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002751

1. Entity Name
HOLY GHOST MIRACLE REVIVAL CHURCH INC.



Principal Place of Business
31979 BLUE STAR HWY
MIDWAY, FL 32343

Mailing Address
PO BOX 684
31979 BLUE STAR HWY
MIDWAY, FL 32343

FILED

08 JAN 15 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
75-3190382

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, ANTHONY
6059 PROCTOR RD.
TALLAHASSEE, FL 32309

Name ASS. Douglas Paul Jones
Street Address (P.O. Box Number is Not Acceptable) 2659 PINE HOLL Drive
2659 PINE HOLL Drive
City Tallahassee FL 32305

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME CHAMBERS, BURNELL
STREET ADDRESS 4048 DUNCAN LANE
CITY-ST-ZIP TALLAHASSEE, FL 30332 ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000115873180
CITY-ST-ZIP 01/23/08--01022--002 **\$61.25

TITLE D
NAME MAELONG, WILLIE
STREET ADDRESS PO BOX 451
CITY-ST-ZIP MIDWAY, FL 30332 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE APD
NAME JONES, PAUL D
STREET ADDRESS 2659 TINENOLL DR
CITY-ST-ZIP TALLAHASSEE, FL 32305 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FOOTMAN, CASSANDRA
STREET ADDRESS PO BOX 432
CITY-ST-ZIP MIDWAY, FL 32343 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MINCY, AMANDA D
STREET ADDRESS 80 LONG WAY RD
CITY-ST-ZIP MIDWAY, FL 32343 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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:

Cassandra Jones Footman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-08
Date Daytime Phone #