

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002751

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: HOLY GHOST MIRACLE REVIVAL CHURCH INC.

## Current Principal Place of Business:

31979 BLUE STAR HWY  
MIDWAY, FL 32343

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 684  
31979 BLUE STAR HWY  
MIDWAY, FL 32343

## New Mailing Address:

P.O. BOX 451  
31979 BLUE STAR HWY  
MIDWAY, FL 32343

FEI Number: 75-3190382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, DOUGLAS P  
2659 PINE HALL DR.  
TALLAHASSEE, FL 32305 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAELONG, WILLIE  
Address: PO BOX 451  
City-St-Zip: MIDWAY, FL 30332

Title: APD ( ) Delete  
Name: JONES, PAUL D  
Address: 2659 TINENOLL DR  
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete  
Name: FOOTMAN, CASSANDRA  
Address: PO BOX 432  
City-St-Zip: MIDWAY, FL 32343

Title: D (X) Delete  
Name: MINCY, AMANDA D  
Address: 80 LONG WAY RD  
City-St-Zip: MIDWAY, FL 32343

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MAELONG, WILLIE  
Address: PO BOX 451  
City-St-Zip: MIDWAY, FL 32343

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: JONES, MATTHEW JR  
Address: PO BOX 451  
City-St-Zip: MIDWAY, FL 32343

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE MAELONG

D

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date