

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