

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002748

FILED
Feb 18, 2008
Secretary of State

Entity Name: HOLY GHOST REVIVAL DELIVERANCE CENTER, INC.

Current Principal Place of Business:

1887 SUNDOWN DR.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1887 SUNDOWN DR.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALL, LEE M BISHOP
2601 PATRICIA DR
LOT 42
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

HALL, LEE M BISHOP
1887 SUNDOWN DR
NAVARRE, FL 32566 US

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: _____

02/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALL, LEE M BISHOP
Address: 2601 PATRICIA DR, LOT 42
City-St-Zip: PENSACOLA, FL 32526

Title: VP () Delete
Name: COMEGER, STEVEN A
Address: 705 A W GREGORY ST
City-St-Zip: PENSACOLA, FL 32501

Title: AP () Delete
Name: HALL, LINDA M MINISTE
Address: 2601 PATRICIA DR LOT 42
City-St-Zip: PENSACOLA, FL 32526

Title: SEC () Delete
Name: COMEGER, VUNDA L EVANG.
Address: 705 A W GREGORY AVE
City-St-Zip: PENSACOLA, FL 32501

Title: DEAC () Delete
Name: SMALL, GREGORY B DEACON
Address: 2601 PATRICIA DR LOT 42
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HALL, LEE M BISHOP
Address: 1887 SUNDOWN DR
City-St-Zip: NAVARRE, FL 32566

Title: VP (X) Change () Addition
Name: COMEGER, STEVEN A
Address: 1887 SUNDOWN DR
City-St-Zip: NAVARRE, FL 32566

Title: AP (X) Change () Addition
Name: HALL, LINDA M MINISTE
Address: 1887 SUNDOWN DR
City-St-Zip: NAVARRE, FL 32566

Title: SEC (X) Change () Addition
Name: COMEGER, VUNDA L EVANG.
Address: 1887 SUNDOWN DR
City-St-Zip: NAVARRE, FL 32566

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: LEE M HALL

BISH

02/18/2008

Electronic Signature of Signing Officer or Director

Date