

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90020 022 ****61.25

DOCUMENT # N06000009493					
1. Entity Name HOLYGHOST REVIVAL FAITH OF DELIVERANCE CHURCH INC					
Principal Place of Business 3000 NW 151 TERR MIAMI, FL 33054			Mailing Address 3000 NW 151 TERR MIAMI, FL 33054		
2. Principal Place of Business - No P.O. Box # 3000 N.W. 151 Terrace		3. Mailing Address 3000 N.W. 151 Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Garden, FL		City & State Miami Garden, FL		4. FEI Number 56-2608024	
Zip 33054		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBBS, OLETHA B PASTOR 3000 NW 151 TERR MIAMI, FL 33054			7. Name and Address of New Registered Agent Name: <u>Hobbs, Oletha B, Pastor</u> Street Address (P.O. Box Number is Not Acceptable): <u>3000 N.W. 151 Terrace</u> City: <u>Miami Garden</u> FL Zip Code: <u>33054</u>		
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: <u>Oletha B Hobbs Pastor</u> 4/12/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 HOBBS, OLETHA B STREET ADDRESS 3000 NW 151 TERR CITY - ST - ZIP MIAMI, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HOBBS, DAVID STREET ADDRESS 3000 NW 151 TERR CITY - ST - ZIP MIAMI, FL 33054	<input checked="" type="checkbox"/> Delete		TITLE S NAME James, Crystal STREET ADDRESS 1701 N.W. 88 St CITY - ST - ZIP Miami FL, 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HOBBS, ELIJAH STREET ADDRESS 3000 NW 151 TERR CITY - ST - ZIP MIAMI, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Oletha B Hobbs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/12/08</u>		Daytime Phone #: <u>786-487-7164</u>