## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N06915

(5)

## HOLY GHOST FREE DELIVERANCE CHURCH OF JESUS, INC

| Principal Place of Business Mailing Address |   |                                  |                            |               |                                       | n ndannen; ann earle dunn nuren benan eine dies drane debet debt bedit bedit bedit   |
|---|---|----------------------------------|----------------------------|---------------|---------------------------------------|--|
| % LAUREATHA SWAN % LAUREATHA SWAN           |   |                                  |                            |               |                                       |  |
| 1421 NW 32ND                                |   |                                  | 1421 NW 32ND TERRACE       |               |                                       |  |
| FT LAUDERDAL                                | E FL 33311  | FT LAUDERDALE FL 333             | T LAUDERDALE FL 33311-4924 |               |                                       | 3. Date Incorporated or Qualified 3a. Date of Last Report  |
|   |   |                                  |                            |               |                                       | 01/21/1985 02/09/1996  |
| 2. Principal P                              | lace of Business  | 2a. Mailing Address              | 2a. Mailing Address        |               |                                       | 4. FEI Number Applied For  |
| 21  |   | 26                               | 26                         |               |                                       | 52-1395453 Not Applicable  |
| Suite, Apt.                                 | #, etc.   | Suite, Apt. #, etc.              | Suite, Apt. #, etc.        |               |                                       | 5. Certificate of Status Desired \$8.75 Additional   |
| 22  |   | 27                               |                            |               |                                       | Fee Required   |
| City & State                                | e   | — ·                              | City & State               |               |                                       | 6. Election Campaign Financing \$5.00 May Be   |
| <b>23</b>                                   | Country   | 28 7in                           |                            | ountry        |                                       | Trust Fund Contribution Added to Fees  |
| 24  | 25  | Zip                              | <u> </u>                   | ouritry       |                                       | 8. This corporation has liability for intangible tax under s. 199.032,   |
|   | 9. Name and Address of Curre  | 29<br>ent Registered Agent       | 30                         | <del></del>   | · · · · · · · · · · · · · · · · · · · | Florida Statutes Yes No  10. Name and Address of New Registered Agent  |
|   |   |                                  |                            | 81            | Name                                  |  |
| SWAN I                                      | .AUREATHA   |                                  |                            |               |                                       |  |
|   | V 32ND TERRACE  |                                  | 82 Street A                |               | Street                                | eet Address (P.O. Box Number is Not Acceptable)  |
|   | DERDALE FL 33311  |                                  |                            | 83            |                                       |  |
| TT DAGE                                     | LIBALL I E 00011  |                                  |                            |               |                                       |  |
|   |   |                                  |                            | 84            | City                                  | FL 85 Zip Code   |
| 11. Pursuant                                | to the provisions of Sections 617.05  | 02 and 617.1508. Florida Stat    | tutes, the                 | above         | -namer                                | and corporation submits this statement for the purpose of changing its registered  |
| Office of r                                 | egistered agent, or both, in the Stal<br>m familiar with, and accept the obli | ie of Florida. Such change wa    | e suithariz                | zad hu        | the on                                | corporation's board of directors. I hereby accept the appointment as registered  |
|   | iti latilitai with, and accept the obli                                       | gations of, Section 617.0303,    | riunua si                  | tatutes       |                                       |  |
| SIGNATURE .                                 | Signature, typed or printed name of registered a                              | gent and title if applicable. (N | ЮТЕ: Registe               | ered Agei     | ni signalur                           | alure required when reinstating) DATE  |
| 12.   | OFFICERS A  | ND DIRECTORS                     | 15                         |               |                                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                                       | PD  | DELETE                           | 1.1                        | TITLE         |                                       | Change Addition  |
| NAME  | SWAN, LAUREATHA (PASTO  | OR)                              | 1.2                        | NAME          |                                       |  |
| STREET ADORESS                              | 1421 NW 32ND TERRACE  |                                  | 1.3                        | STREET        | address                               | ss   |
| CITY-ST-ZIP                                 | FT LAUDERDALE FL  |                                  | 1.4                        | CITY-ST       | I-ZIP                                 |  |
| TITLE                                       | SD  | ☐ DELETE                         | 2.1                        | TITLE         |                                       | Change Addition  |
| NAME  | GRAHAM, VIVIAN  |                                  | 2.2                        | NAME          |                                       |  |
| STREET ADDRESS                              | 404 NE 4TH ST, APT 1  |                                  | 2.3                        | STREET        | address                               | SS   |
| CITY-ST-ZIP                                 | POMPANO BEACH FL  |                                  |                            | 2. 4 CITY - S |                                       |  |
| TITLE                                       | TD  | ☐ DELETE                         | 3.1                        | 3.1 TITLE     |                                       | ☐ Change ☐ Addition  |
| NAME  | GRAY, JERRY   |                                  | 3.2                        | NAME          |                                       |  |
| STREET ADDRESS                              | 1421 NW 32ND TERRACE  |                                  | 3.3                        | STREET        | ADDRESS                               | SS   |
| CITY-ST-ZIP                                 | FT LAUDERDALE FL  | DELETE                           |                            | I. CITY-S     | T-ZIP                                 |  |
| TITLE                                       | D CDAY LOUIC  | □ חנונונ                         |                            | TITLE         |                                       | L Change Addition  |
| NAME  | GRAY, LOUIS   |                                  |                            | 2 NAME        |                                       | ·  |
| STREET ADDRESS                              | 1421 NW 32ND TERRACE<br>FT LAUDERDALE FL                                      |                                  |                            |               | ADDRESS                               | SS   |
| CITY-ST-ZIP<br>TITLE                        | FT DAUDERDALE FL  | DELETE                           |                            | CITY-ST       | r-zip                                 |  |
| NAME  |   | □ better                         |                            | TITLE         |                                       | Change Addition  |
| STREET ADDRESS                              |   |                                  | ı                          | NAME          | *DD0FCC                               |  |
| ł   |   |                                  |                            |               | ADDRESS                               | 22   |
| CITY - ST - ZIP<br>TITLE                    |   | DELETE                           |                            | CITY-ST       | - 211                                 | ☐ Change ☐ Addition  |
| NAME  |   |                                  |                            | NAME          |                                       | Change Li Addition   |
| STREET ADDRESS                              |   |                                  |                            |               | ADDRESS                               | 82   |
| CITY-ST-ZIP                                 |   |                                  |                            | CITY-ST       |                                       | w  |
| 14. I do heret                              | by certify that the information suppli  | ed with this filing does not qua | alify for th               | A AYA         | notion                                | in stated in Section 119.07(3)(i), Florida Statutes. I further certify that the  |
| intormatio                                  | n Indicated on this annual report or  | supplemental annual report is    | s true and                 | i accu        | rete and                              | and that my signature shall have the same legal effect as if made under oath; that his report as required by Chapter 617, Florida Statutes; and that my name |
| appears i                                   | n Block 12 or Block 13 if changed,  | or on an attachment with an a    | ddress.                    |               | -10 0113                              | Topos to required by enapler enry richida etatores, and that my hame   |

SIGNATURE

AUXILIE THAT SAUGHESTOR DIRECTOR SIGNING OFFICER OR DIRECTOR

4 eb 2/3/97

**FILED** 

Feb 07 1997 8:00am

Secretary of State