

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06915

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: HOLY GHOST FREE DELIVERANCE MINISTRIES INC

**Current Principal Place of Business:**

% LAUREATHA SWAN  
1421 NW 32ND TERRACE  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

% LAUREATHA SWAN  
1421 NW 32ND TERRACE  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 52-1395453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWAN, LAUREATHA  
1421 NW 32ND TERRACE  
FT LAUDERDALE, FL 33311 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: PD ( ) Delete  
Name: SWAN, LAUREATHA (PAS, TOR)  
Address: 1421 NW 32ND TERRACE  
City-St-Zip: FT LAUDERDALE, FL

Title: SD ( ) Delete  
Name: GRAHAM, VIVIAN,  
Address: 404 NE 4TH ST, APT 1  
City-St-Zip: POMPANO BEACH, FL

Title: TD ( ) Delete  
Name: GRAY, JERRY,  
Address: 1421 NW 32ND TERRACE  
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete  
Name: GRAY, LOUIS,  
Address: 1421 NW 32ND TERRACE  
City-St-Zip: FT LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: LAUREATHA SWAN

PR

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date