

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005382

FILED
Apr 30, 2009
Secretary of State

Entity Name: HOUSE OF THE HOLY GHOST OPEN HOUSE MINISTRIES INC

Current Principal Place of Business:

462 GREEN ST
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

462 GREEN ST
DELAND, FL 32720

New Mailing Address:

FEI Number: 80-0382223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, CAROLYN LANE
2070 KEYES LANE
DELTONA, FL 32738 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: P () Delete
Name: GIBSON, CAROLYN LANE
Address: 2070 KEYES LANE
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: GIBSON, LORENZO
Address: 2070 KEYES LANE
City-St-Zip: DELTONA, FL 32738

Title: S () Delete
Name: LANE, FAITH D
Address: 2070 KEYES LANE
City-St-Zip: DELTONA, FL 32738

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GIBSON, LORENZO
Address: 2070 KEYES LANE
City-St-Zip: DELTONA, FL 32738

Title: T (X) Change () Addition
Name: GRUBBS, MARY
Address: 833 LONGVIEW AVENUE
City-St-Zip: DELAND, FL 32720

Title: S () Change (X) Addition
Name: PRITCH, KIMBERLY
Address: 1717 MASON AVENUE APT#1123
City-St-Zip: DAYTONA BEACH, FL 32117

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: CAROLYN LANE GIBSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date