

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 005 ****61.25

DOCUMENT # N09218

1. Entity Name
**HOLY GHOST OUTREACH PRAYER MINISTRIES,
INCORPORATED**



Principal Place of Business
**524 NW 1ST ST
GAINESVILLE, FL 32601 US**

Mailing Address
**P.O. BOX 23759
GAINESVILLE, FL 32602**

40040000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2524483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCLELLAN, KENNETH L
524 NW 1ST ST
GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Rev. Kenneth L McClellan

4/12/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCCLELLAN, KENNETH L
STREET ADDRESS 2741 NW 68TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE D ☐ Delete
NAME MCKNIGHT, CHARLES L
STREET ADDRESS 526 S.W. 5TH AVE.
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE TRT ☐ Delete
NAME WOODY, BRENDA J
STREET ADDRESS 3043 NW 46TH PL.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE TR ☐ Delete
NAME MCKNIGHT, CHARLES
STREET ADDRESS 526 SW 5TH AVE.
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rev. Kenneth L McClellan

4/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #