

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90038 047 ****61.25

DOCUMENT # N43157

1. Entity Name

**THE HOLY GHOST POWER HOUSE PENTECOSTAL CHURCH
OF GOD, INC.**



Principal Place of Business

**546 NW 16TH STREET
FLORIDA CITY FL 33034
US**

Mailing Address

**15200 SW 304TH ST.
LEISURE CITY FL 33033
US**

40010000



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

1550 N.W. 14th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead, Florida

Zip

Country

Zip

Country

33030

4. FEI Number

65-0280611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, LORRAINE
15200 SW 304TH ST.
LEISURE CITY FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAWRENCE, AUSTIN**
CITY-ST-ZIP **15200 SW 304TH ST.
LEISURE CITY FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAWRENCE, LORRAINE**
CITY-ST-ZIP **15200 SW 304TH ST.
LEISURE CITY FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAWRENCE, ZIPHIA**
CITY-ST-ZIP **15200 SW 304TH ST.
LEISURE CITY FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CECIL GANT**
CITY-ST-ZIP **30033 S. W. 152 AVENUE
LEISURE CITY FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JAMES WATERS**
CITY-ST-ZIP **27015 S.W. 144 AVE.
NARANJA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

Austin Lawrence Bishop 01-26-05 305-247-5322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #