

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

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

**1550 NORTHWEST 14TH TERRACE
HOMESTEAD FL 33030
US**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E037 (10/05)

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

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

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 _____

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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	LAWRENCE, AUSTIN	NAME	
STREET ADDRESS	15200 SW 304TH ST.	STREET ADDRESS	
CITY-ST-ZIP	LEISURE CITY FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	LAWRENCE, LORRAINE	NAME	
STREET ADDRESS	15200 SW 304TH ST.	STREET ADDRESS	
CITY-ST-ZIP	LEISURE CITY FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	LAWRENCE, ZIPHIA	NAME	
STREET ADDRESS	15200 SW 304TH ST.	STREET ADDRESS	
CITY-ST-ZIP	LEISURE CITY FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	CECIL GANT	NAME	
STREET ADDRESS	30033 S. W. 152 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LEISURE CITY FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME	JAMES WATERS	NAME	
STREET ADDRESS	27015 S.W. 144 AVE.	STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *(Bishop) Austin Lawrence* **Feb 16, 2006 315-247-5322**