

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N51435

1. Entity Name
HOLY SPIRIT MINISTRIES, INC.



Principal Place of Business
**1305 NW 54 STREET
MIAMI, FL 33142 US**

Mailing Address
**8855 NW FIRST AVE
MIAMI, FL 33150**

DO NOT WRITE IN THIS SPACE



02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0306322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELANEY, ALVIN S JR
8855 NW 1 AVE
MIAMI, FL 33150**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, AVERY L 1143 NW 112 TERRACE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DELANEY, JR. A 8855 NW 1 AVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KNOWLES, PAMELA 1760 NW 152ND TERRACE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROSCOE, GWENDOLYN 1760 NW 152 TERRACE OPA LOCKA, FL |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #