

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 A**  
**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**



02122008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U000000851643  
03/25/08-80048-007 70.00

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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:**

*Alvin Delaney, Vice Pres.* **ALVIN DELANEY, VICE PRES.**

Date

**3/4/08**

Daytime Phone #

**305 759-3249**