

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 27 AM 9:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

|  |   |  |
|--|---|--|
| <p><b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b></p> |  | <p><b>FLORIDA DEPARTMENT OF STATE</b><br/>Sandra B. Morham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</p> |
|--|---|--|

**DOCUMENT # N9400000515 (6)**  
1. Corporation Name  
**HOLY GHOST REVIVAL CENTER, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>RT. 1, BOX 178<br/>LAMONT FL 32336</b> | Mailing Address<br><b>RT. 1, BOX 178<br/>LAMONT FL 32336</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>02/02/1994</b>  | 3a. Date of Last Report                      |
| 4. FEI Number<br><b>59-3266023</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                 |                         |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address     |
| 22. Suite, Apt. #, etc.         | 26. Suite, Apt. #, etc. |
| 23. City & State                | 27. City & State        |
| 24. Zip                         | 28. Zip                 |
| 25. Country                     | 29. Country             |
| 30. Country                     |                         |

9. Name and Address of Current Registered Agent

**REICHMAN, MICHAEL A  
380 N. JEFFERSON ST.  
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City   |
| 85. Zip Code   |

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                            |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|---|---|--|
| TITLE<br><b>PD</b>                                    | NAME<br><b>STUBBINS, MILTON</b>           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>RT. 2, BOX 89AA</b>              | CITY-ST-ZIP<br><b>MONTICELLO FL 32344</b> | 1.2 NAME  |  |
| TITLE<br><b>VD</b>                                    | NAME<br><b>BENNETT, REGINALD</b>          | 1.3 STREET ADDRESS                                    |  |
| STREET ADDRESS<br><b>RT. 1, BOX 51</b>                | CITY-ST-ZIP<br><b>MONTICELLO FL 32344</b> | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>SD</b>                                    | NAME<br><b>SEABROOKS, YUMICO</b>          | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>1425 E. CLARK AVE., APT. 1-B</b> | CITY-ST-ZIP<br><b>MONTICELLO FL 32344</b> | 2.2 NAME  | <b>S</b>   |
| TITLE<br><b>TD</b>                                    | NAME<br><b>WADE, LUCIUS</b>               | 2.3 STREET ADDRESS                                    |  |
| STREET ADDRESS<br><b>RT. 1, BOX 236</b>               | CITY-ST-ZIP<br><b>MONTICELLO FL 32344</b> | 2.4 CITY-ST-ZIP                                       |  |
| TITLE   | NAME                                      | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  | CITY-ST-ZIP                               | 3.2 NAME  |  |
| TITLE   | NAME                                      | 3.3 STREET ADDRESS                                    |  |
| STREET ADDRESS  | CITY-ST-ZIP                               | 3.4 CITY-ST-ZIP                                       |  |
| TITLE   | NAME                                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  | CITY-ST-ZIP                               | 4.2 NAME  |  |
| TITLE   | NAME                                      | 4.3 STREET ADDRESS                                    |  |
| STREET ADDRESS  | CITY-ST-ZIP                               | 4.4 CITY-ST-ZIP                                       |  |
| TITLE   | NAME                                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  | CITY-ST-ZIP                               | 5.2 NAME  |  |
| TITLE   | NAME                                      | 5.3 STREET ADDRESS                                    |  |
| STREET ADDRESS  | CITY-ST-ZIP                               | 5.4 CITY-ST-ZIP                                       |  |
| TITLE   | NAME                                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  | CITY-ST-ZIP                               | 6.2 NAME  |  |
| TITLE   | NAME                                      | 6.3 STREET ADDRESS                                    |  |
| STREET ADDRESS  | CITY-ST-ZIP                               | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing as the registered agent or other agent named with an address.

SIGNATURE: \_\_\_\_\_ (Typed name of signing officer or director)  
Date: **4-21-95**  
Filing Fee: **342-0209**  
**997-8096**