

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 16 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N94000000515 (6)

1. Corporation Name

HOLY GHOST REVIVAL CENTER, INC.

Principal Place of Business

Mailing Address

RT. 1, BOX 178
LAMONT FL 32336

RT. 2 BOX 89-AA
MONTICELLO FL 32344

3. Date Incorporated or Qualified

02/02/1994

4. FEI Number

59-3266023

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **STUBBINS, MILTON**
STREET ADDRESS **RT. 2, BOX 89AA**
CITY-ST-ZIP **MONTICELLO FL 32344**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
8000024026387
-01/16/98--01019--004
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TITLE **VD** DELETE
NAME **BENNETT, REGINALD**
STREET ADDRESS **RT. 1, BOX 51**
CITY-ST-ZIP **MONTICELLO FL 32344**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VDS** DELETE
NAME **BENNETT, REGINALD**
STREET ADDRESS **375 POPLAR STREET**
CITY-ST-ZIP **MONTICELLO FL 32344**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** DELETE
NAME **WADE, LUCIUS**
STREET ADDRESS **RT. 1, BOX 238**
CITY-ST-ZIP **MONTICELLO FL 32344**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE

[Handwritten Signature]

1-7-98

850-997-8096

CR2E037 (10/97)

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