

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000515

1. Corporation Name
HOLY GHOST REVIVAL CENTER, INC.

Principal Place of Business: RT. 1, BOX 178, LAMONT FL 32336
Mailing Address: RT. 2 BOX 89-AA, MONTICELLO FL 32344

FILED
99 FEB -4 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/02/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3266023	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUBBINS, MILTON			1.2 NAME			
STREET ADDRESS	RT. 2, BOX 89AA			1.3 STREET ADDRESS	300002764769--3		
CITY-ST-ZIP	MONTICELLO FL 32344			1.4 CITY-ST-ZIP	-02/04/99--01063--001		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	*****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, REGINALD			2.2 NAME			
STREET ADDRESS	RT. 1, BOX 51			2.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32344			2.4 CITY-ST-ZIP			
TITLE	VDS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, REGINALD			3.2 NAME	Carolette Speed		
STREET ADDRESS	375 POPLAR STREET			3.3 STREET ADDRESS	635 Cypress St.		
CITY-ST-ZIP	MONTICELLO FL 32344			3.4 CITY-ST-ZIP	Monticello, FL 32344		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WADE, LUCIUS			4.2 NAME			
STREET ADDRESS	RT. 1, BOX 236			4.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32344			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 an attachment with an address, with all other like empowered.

SIGNATURE: *Milton Stubbins* MONTICELLO, FL 32344
DATE: 2-2-99 DAYTIME PHONE #: (850) 997-8096

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