

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000515

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOLY GHOST REVIVAL CENTER, INC.

Current Principal Place of Business:

75 AVALON SIDE ROAD
LAMONT, FL 32336

New Principal Place of Business:

Current Mailing Address:

5373 DILLS ROAD
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3266023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STUBBINS, MILTON
Address: 5373 DILLS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: VD () Delete
Name: WADE, LUCIUS K
Address: 1710 DRIFTON HWY
City-St-Zip: MONTICELLO, FL 32344

Title: SD () Delete
Name: BENNETT, REGINALD L
Address: 375 POPULAR ST
City-St-Zip: MONTICELLO, FL 32344

Title: TD () Delete
Name: STUBBINS, SANDRA D
Address: 5373 DILLS ROAD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON STUBBINS

PD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date