

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000515

FILED
Jan 18, 2012
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:

75 ALAVON RD SIDE
LAMONT, FL 32336

Current Mailing Address:

5373 DILLS ROAD
MONTICELLO, FL 32344

New Mailing Address:

375 POPLAR STREET
MONTICELLO, FL 32344

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
Name: BENNETT, REGINALD
Address: 375 POPLAR STREET
City-St-Zip: MONTICELLO, FL 32344

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

Title: SD
Name: BENJAMIN, ANNETTE L
Address: 1496 HAMPTON PLACE
City-St-Zip: MONTICELLO, FL 32336

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

I hereby 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 all other like empowered.

SIGNATURE: REGINALD BENNETT

PD

01/18/2012

Electronic Signature of Signing Officer or Director

Date