

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000000515

FILED  
Sep 14, 2003  
Secretary of State

Entity Name: HOLY GHOST REVIVAL CENTER, INC.

**Current Principal Place of Business:**

RT. 1, BOX 178  
LAMONT, FL 32336

**New Principal Place of Business:**

**Current Mailing Address:**

RT. 2 BOX 89-AA  
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: RT. 2, BOX 89AA  
City-St-Zip: MONTICELLO, FL 32344

Title: VD      ( ) Delete  
Name: WADE, LUCIUS K  
Address: RT 1 BOX 236  
City-St-Zip: MONTICELLO, FL 32344

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

Title: TD      ( ) Delete  
Name: STUBBINS, SANDRA  
Address: RT. 2, BOX 89-AA  
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 for the exemption stated in Section 119.07(3)(i), 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

09/14/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date