


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # N94000000591	
1. Entity Name THE HOLY GHOST FIRE MINISTRIES, INC.	

Principal Place of Business 13146 NW 7TH AVE MIAMI, FL 33168	Mailing Address PO BOX 680868 MIAMI, FL 33168-0868
--	--



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0467023	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SCOTT, EZZIE B 1551 N.W. 133RD ST. MIAMI, FL 33167	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000232236
02/16/05-80067-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, EZZIE B 1551 N.W. 133RD ST. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, FELICIA T 1551 N.W. 133RD ST. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, SHAWNA A 1551 N.W. 133RD ST. MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, REGINA M. 5566 N.W 185TH ST. MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANTY, GESSIE 1551 NW 133 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-05