

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 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**



04132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0467023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, EZZIE B
1551 N.W. 133RD ST.
MIAMI, FL 33187**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCOTT, EZZIE B
STREET ADDRESS	1551 N.W. 133RD ST.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	D
NAME	SCOTT, FELICIA T
STREET ADDRESS	1551 N.W. 133RD ST.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	D
NAME	SCOTT, SHAWNA A
STREET ADDRESS	1551 N.W. 133RD ST.
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	WILLIAMS, REGINA M.
STREET ADDRESS	5566 N.W. 185TH ST.
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	D
NAME	JEANTY, GESSIE
STREET ADDRESS	1551 NW 133 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000524766
05/04/06-80003-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ezzie B. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06

305-377-7191
Date Daytime Phone #