


FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90052 010 ****61.25

DOCUMENT # N94000000591				Secretary of State 01-22-2008 90052 010 ****61.25	
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			
2. Principal Place of Business - No P.O. Box # 1551 N.W. 133 ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Fla		City & State			
Zip 33167		Country Dade			
6. Name and Address of Current Registered Agent SCOTT, EZZIE B 1551 N.W. 133RD ST. MIAMI, FL 33167				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL	Zip Code
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, EZZIE B 1551 N.W. 133RD ST. MIAMI, FL 33167	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, FELICIA T 1551 N.W. 133RD ST. MIAMI, FL 33167	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, SHAWNA A 1551 N.W. 133RD ST. MIAMI, FL 33167	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, REGINA M. 5566 N.W 185TH ST. MIAMI, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANTY, GESSIE 1551 NW 133 ST MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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				1/16/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	