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03-02-1999 90074 035 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000002847

1. Corporation Name

HOLY GHOST & FIRE CENTER, INC.

Principal Place of Business

2110 N 45 STREET  
FT PIERCE FL 34946

Mailing Address

2110 N 45 STREET  
FT PIERCE FL 34946



2. Principal Place of Business

21 1305 DELaware Ave.

2a. Mailing Address

26 2110 N. 45th St.

3. Date Incorporated or Qualified

05/15/1998

Suite, Apt. #, etc.

22 City & State  
23 Ft. Pierce, FL

Suite, Apt. #, etc.

27 City & State  
28 Ft. Pierce, FL

4. FEI Number  
-65-0842600

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country  
34950 USA

29 Zip Country  
34946 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CRANFIELD, JOYCE  
2110 N 45 STREET  
FT PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name JOYCE CRANKFIELD  
82 Street Address (P.O. Box Number is Not Acceptable)  
2110 N. 45th St.  
83 Ft. Pierce  
84 City FL 85 Zip Code 34946

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Joyce E. Crankfield* Registered Agent  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-19-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE Co-Pastor/Director  DELETE  
NAME J. Cornelius Crankfield  
STREET ADDRESS 2110 N. 45th St.  
CITY-ST-ZIP Ft. Pierce, FL 34946

TITLE Co-Pastor/Director  DELETE  
NAME Joyce Crankfield  
STREET ADDRESS 2110 N. 4th St.  
CITY-ST-ZIP Ft. Pierce, FL 34946

TITLE Director  DELETE  
NAME Sabrina Bush  
STREET ADDRESS 2924 Seneca Ave.  
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: *Joyce E. Crankfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 (561)785-5640 x 504

Date Daytime Phone #

CR2E037 (1/98)