

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741140

**Entity Name:** HOLYGHOST CRUSADE EVANGELISTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

18690 N. W. 37TH AVE. #2672  
MIAMI,, FL 33055

**Current Mailing Address:**

POST OFFICE BOX 55-2672  
MIAMI, FL 33055-5672 US

**FEI Number:** 59-1772827

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, SYLVESTER M  
3970 NW 185TH ST.  
CAROL CITY, FL 33055 US

*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:** SYLVESTER BROWN

02/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BROWN, WILLIAM E DR.  
Address 18690 N. W. 37TH AVE. #2672  
City-State-Zip: MIAMI FL 33055-0178

Title VPSD  
Name BROWN, KEONNA L EVANGELIST  
Address 18690 N. W. 37TH AVE. #2672  
City-State-Zip: MIAMI, FL 33055

Title T  
Name BROWN, GAYNELL  
Address 3970 NW 185TH ST.  
City-State-Zip: CAROL CITY FL 33055

*I hereby 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 all other like empowered.*

**SIGNATURE:** EVANGELIST KEONNA L. BROWN

VPSD

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date