

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741140

Entity Name: HOLYGHOST CRUSADE EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

6842 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

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, ELIJAH
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

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

Title VS
Name BROWN, MEZ'L E
Address 3970 NW 185TH ST
City-State-Zip: CAROL CITY FL 33055

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

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

Title D
Name HENRY, VERNICE
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: MRS. MEZ'L BROWN

VPS

01/07/2013

Electronic Signature of Signing Officer/Director Detail

Date