

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 741140

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

**FILED**  
**Oct 02, 2015**  
**Secretary of State**  
**CR5567038733**

**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:** ELDER M. BROWN

10/02/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title AVP  
Name BROWN, KEONNA L EVANGELIST  
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:** ELDER MEZ'L BROWN

VP SD

10/02/2015

Electronic Signature of Signing Officer/Director Detail

Date