

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002658

**FILED**  
**Sep 13, 2016**  
**Secretary of State**  
**CC9080065920**

**Entity Name:** HOLY GHOST TABERNACLE OF DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

10711 SW 216TH ST.  
UNIT #120  
MIAMI, FL 33170

**Current Mailing Address:**

P.O. BOX 570985  
MIAMI, FL 33257 US

**FEI Number: 20-5206789**

**Certificate of Status Desired: No**

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

GILES, ANGELA E  
7452 SW 187TH STREET  
MIAMI, FL 33157 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 GILES, ANGELA E  
Address 7452 SW 187 ST  
City-State-Zip: MIAMI FL 33157

Title S  
Name CHANEY, ANDREA  
Address 201 N.E. 11TH ST. #126  
City-State-Zip: HOMESTEAD FL 33030

Title TD  
Name HENDERSON, DIANA  
Address 10711 SW 216TH ST #120  
City-State-Zip: MIAMI FL 33170

Title D  
Name STOKES, JENETTE B  
Address 805 DR MARTIN LUTHER KING DR  
City-State-Zip: SLIDELL LA 70458

*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: ANGELA GILES**

**PRESIDENT**

**09/13/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date