## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006703

Entity Name: HOLY GHOST REVIVAL CENTER DELIVERANCE &

SOULWINNING MINISTRIES INC.

**Current Principal Place of Business:** 

4020 NW 17TH AVE MIAMI, FL 33142

**Current Mailing Address:** 

4020 NW 17TH AVE MIAMI, FL 33142 US

FEI Number: 84-1381525 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COPELAND, WARREN M 1148 NW 48TH STREET MIAMI, FL 33127 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: WARREN M. COPELAND 02/24/2020

Electronic Signature of Registered Agent

Date

FILED Feb 24, 2020

**Secretary of State** 

0439503480CC

Officer/Director Detail:

Title P Title T

Name COPELAND, WARREN M Name PITTS, WILLIE C

Address 1457 N.W. 99TH STREET Address 1184 NW 48TH STREET

City-State-Zip: MIAMI FL 33147 City-State-Zip: MIAMI FL 33127

Title D Title C

Name COPELAND, BRENDA A Name PITTS, SHIRLEY

Address 1184 NW 48TH STREET Address 1184 NW 48TH STREET

City-State-Zip: MIAMI FL 33127 City-State-Zip: MIAMI FL 33127

Title D Title VI

Name RUSH, LINDA Name PITTS-COPELAND, BRENDA ANN

Address 1457 NW 99TH STREET Address 1457 N.W. 99TH STREET

City-State-Zip: MIAMI FL 33147 City-State-Zip: MIAMI FL 33142

Title T Title T

Name STIMAGE, FRED Name HARRIS, MONIQUE
Address 4020 NW 17TH AVE Address 1775 NW 43RD STREET

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

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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: BRENDA ANN COPELAND

VICE PRESIDENT

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title OUTREACH DIRECTOR
Name MANUEL, CYNTHIA

Address 1198 N.W. 48TH STREET

City-State-Zip: MIAMI FL 33127