2017 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

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 03/02/2017

Electronic Signature of Registered Agent Date

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 S Title VF

Name RUSH, LINDA Name PITTS-COPELAND, BRENDA ANN

Address 20681 NW MIAMI COURT Address 1457 N.W. 99TH STREET

City-State-Zip: MIAMI FL 33169 City-State-Zip: MIAMI FL 33142

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 COPELAND

Electronic Signature of Signing Officer/Director Detail

VΡ

03/02/2017 Date

FILED Mar 02, 2017

Secretary of State

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