## **2021 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: No

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 COPELAND 04/19/2021

Electronic Signature of Registered Agent

Date

FILED Apr 19, 2021

**Secretary of State** 

8995166691CC

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 DV Title DPVST

 Name
 COPELAND, BRENDA A.
 Name
 PITTS, SHIRLEY

 Address
 4020 NW 17TH AVE
 Address
 4020 NW 17TH AVE

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

Title D Title VF

Name RUSH, LINDA Name PITTS-COPELAND, BRENDA ANN

 Address
 4020 NW 17TH AVE
 Address
 4020 NW 17TH AVE

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

Title T Title T

NameSTIMAGE, FREDNameHARRIS, MONIQUEAddress4020 NW 17TH AVEAddress1775 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: WARREN COPELAND

**PRESIDENT** 

04/19/2021

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