

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006741

Entity Name: HOLY GHOST REVIVAL WORSHIP CENTER INC**Current Principal Place of Business:**10735 SW 216 ST
SUITE # 413
MIAMI, FL 33170**Current Mailing Address:**22724 SW 114 CT
MIAMI, FL 33170 US**FEI Number:** 90-0829183**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RICHARDSON, WILAMAE B
22724 SW 114 CT
MIAMI, FL 33170 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	P
Name	RICHARDSON, WILAMAE B
Address	22724 SW 114 CT
City-State-Zip:	MIAMI FL 33170

Title	VP
Name	SANDS, DAVID ASR.,
Address	2628 SE 14 AVE
City-State-Zip:	HOMESTEAD FL 33035

Title	T
Name	SANDS, DAVID ASR.,
Address	2628 SE 14 AVE
City-State-Zip:	HOMESTEAD FL 33035

Title	S
Name	CRAWFORD-SANDS, PATRECIA
Address	2628 SE 14 AVE
City-State-Zip:	HOMESTEAD FL 33035

Title	AS
Name	TAYLOR, JANICE
Address	25500 SW 137 AVE APT # 208
City-State-Zip:	NARANJA FL 33032

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: WILAMAE B. RICHARDSON**DIRECTOR****03/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date