

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006741

**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC1889444803**

**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**

**PRESIDENT**

**01/27/2014**

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

\_\_\_\_\_  
Date