

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001874

Entity Name: HOLY GHOST POWER MINISTRY INC.**Current Principal Place of Business:**4833 LAKE ARJARO DR.
WEST PALM BEACH, FL 33407**Current Mailing Address:**POST OFFICE BOX 10976
RIVIERA BEACH, FL 33419 US**FEI Number: 74-3242283****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DARVILLE, ROGER V
4833 LAKE ARJARO DR.
WEST PALM BEACH, FL 33407 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	PC, C.E.O.
Name	DARVILLE, ROGER
Address	4833 LAKE ARJARO DR.
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP.T
Name	DARVILLE , MELISSA
Address	4833 LAKE ARJARO DR.
City-State-Zip:	WEST PALM BEACH FL 33407

Title	E.D.
Name	GARRETT, EDWINDA F
Address	5217 PINEWOOD AVE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	E.M
Name	FOBBS, DENISHA
Address	5217 PINEWOOD AVE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SEC.
Name	FRANCOIS, THAMA J
Address	2600 25ST SUITE C
City-State-Zip:	WEST PALM BEACH FL 33407

Title	CHAIRMAN
Name	JOHNSON, ROBERT
Address	1017 21ST
City-State-Zip:	W.P.B. FL 33407

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: ROGER DARVILLE**HEAD C.E.O.****08/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date