

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000003589

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**2901174906CC**

**Entity Name:** THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS BLOOD TAMPA INC.

**Current Principal Place of Business:**

3613 NORTH 23RD STREET  
TAMPA, FL 33605

**Current Mailing Address:**

3613 NORTH 23RD STREET  
TAMPA, FL 33605 US

**FEI Number: 81-2243735**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ANDREWS, DORIS  
10804 CRUSHED DR  
RIVERVIEW, FL 33578 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	Title	D
Name	ANDREWS, DORIS	Name	THOMPSON, LILLIAN
Address	10804 CRUSHED DR	Address	2901 5TH AVE.SOUTH
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	ST PETERSBURG FL 33594
Title	S	Title	D
Name	WRIGHT, SHALEISHA S	Name	LAWRENCE, JACKIE
Address	2240 24TH AVE. SOUTH	Address	1406 E. POINSITTIA
City-State-Zip:	ST. PETERSBURG FL 33712	City-State-Zip:	TAMPA FL 33612
Title	D		
Name	HAMILTON, ANGELA		
Address	3102 AVON AVE		
City-State-Zip:	TAMPA FL 33603		

*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: DORIS ANDREWS**

**P**

**01/30/2024**

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

\_\_\_\_\_  
Date