

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000515

**Entity Name:** HOLY GHOST REVIVAL CENTER, INC.

**Current Principal Place of Business:**

8967 OLD LLOYD ROAD  
LLOYD, FL 32337

**Current Mailing Address:**

P.O.BOX 186  
LLOYD, FL 32337 US

**FEI Number: 59-3266023**

**Certificate of Status Desired: No**

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

REICHMAN, MICHAEL A  
380 N. JEFFERSON ST.  
MONTICELLO, FL 32344 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 PD  
Name BENNETT, REGINALD  
Address 1712 EAST WASHINGTON HWY  
City-State-Zip: MONTICELLO FL 32344

Title VD  
Name CAMPBELL, MAECIO  
Address 72 LESLIE RD.  
City-State-Zip: MONTICELLO FL 32344

Title SD  
Name BENJAMIN, ANNETTE L  
Address 1489 HAMPTON PLACE  
APT.#4  
City-State-Zip: MONTICELLO FL 32344

Title TD  
Name STUBBINS, SANDRA D  
Address 5373 DILLS ROAD  
City-State-Zip: MONTICELLO FL 32344

*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: REGINALD L. BENNETT**

**PASTOR**

**02/11/2019**

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

\_\_\_\_\_  
Date