

2014 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 375 POPLAR STREET
City-State-Zip: MONTICELLO FL 32344

Title VD
Name WADE, LUCIUS K
Address 1710 DRIFTON HWY
City-State-Zip: MONTICELLO FL 32344

Title SD
Name BENJAMIN, ANNETTE L
Address 1186 COOPER CREEK
City-State-Zip: TALLAHASSEE FL 32311

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

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date