

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004576

FILED
Jan 23, 2006
Secretary of State

Entity Name: THE HOLY PLACE, INC.

Current Principal Place of Business:

1591 SE PPORT ST LUCIE BLVD
STE D
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

1591 SE PORT ST LUCIE BLVD
STE D
PORT ST LUCIE, FL 34952

Current Mailing Address:

1591 SE PPORT ST LUCIE BLVD
STE D
PORT SAINT LUCIE, FL 34952

New Mailing Address:

1591 SE PORT ST LUCIE BLVD
STE D
PORT ST LUCIE, FL 34952

FEI Number: 04-3689481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, DWIGHT W
361 SW MAJESTIC TERR
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUFFIELD, RICKY
Address: 2334 SW FERN CIR
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VD () Delete
Name: RIVERA, HERIBERTO
Address: 2552 SW KENSINGTON STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ST () Delete
Name: BELL, DWIGHT W
Address: 361 SW MAJESTIC TERR
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DWIGHT W BELL

ST

01/23/2006

Electronic Signature of Signing Officer or Director

_____ Date