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	s
above, or on an attachment with all other like empowered.	

TREASURER

SIGNATURE: MARIA R. MACHADO

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of 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.

Officer/Director Detail :

Title	Р	Title	S		
Name	RIBEIRO, CARLOS	Name	CARDOSO, ANA		
Address	1952 SW OAKWOOD RD	Address	2100 SE MANDRAKE CIRCLE		
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT ST LUCIE FL 34952		
Title	Т				
Name	MACHADO, MARIA				
Address	3001SE MIRACLE LANE				
City-State-Zip:	PORT ST LUCIE FL 34952				

Entity Name: HOLY GHOST SOCIETY OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

1482 SE VILLAGE GREEN DR PORT ST LUCIE, FL 34952

Current Mailing Address:

3001 SE MIRACLE LANE PORT ST LUCIE, FL 34952

FEI Number: 27-2551242

Name and Address of Current Registered Agent:

MACHADO, MARIA R 3001 SE MIRACLE LANE PORT ST LUCIE, FL 34952 US

FILED Jan 20, 2016 Secretary of State CC3642996467

Certificate of Status Desired: Yes

01/20/2016

Date

Date