2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 09, 2000 8:00 am Secretary of State **DOCUMENT # 722345** 1. Entity Name THE HOLY GHOST CHURCH OF GOD PURCHASED WITH HIS 02-09-2000 90138 001 ****61.25 Principal Place of Business Mailing Address 2901 5TH AVENUE SOUTH 782 64TH AVE. SOUTH 8158 ST PETERSBURG FL 33712 ST. PETERSBURG FL 33705-5922 2. Principal Place of Business 3. Mailing Address 2901 5th 782 64Th AVO. SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For PETERS bar 6, F/A Peters burg 23-7168635 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 337/2 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Willie D. Ho. Street Address (P.O. Box Number is Not Acceptable) HOLCY, WILLIE D BISHOP 782 64TH AVE SOUTH 82 64th AVE South ST. PETERSBURG FL 33705 8. The above named entity submits this statement for the purpose of changing its registered office or régistered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registerel Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **PMD** Delete TITLE TITLE ☐ Change ☐ Addition HOLCY, WILLIE D.(BISHOP) NAME NAME STREE ADDRESS STREET AODRESS 782 64 AVE S CITY-T-ZIP CITY-ST-ZIP ST. PETE. FL Delete TITLE STM TITLE Change ☐ Addition HOLCY, ARIE LEE NAME NAME STREEADDRESS STREET ADDRESS 782 64 AVE S CITY- -- ZIP CITY-ST-ZIP ST. PETE. FL □ Delete TITLE ☐ Change ☐ Addition RIVERS, PATRICIA ANN NAME STREE ADDRESS STREET ADDRESS 3026 EMERSON AVENUE SO. CITY- %-ZIP CITY-ST-ZIP ST. PETE. FL D ☐ Delete TITLE Change ☐ Addition ANDREW, ISAAC NAME NAME STREET ADDRESS 6911 BONAIR DRIVE, D STREELDDRESS CITY-ST-ZIP TAMPA FL CITY-S-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition DANIELS, WILLIAM H. NAME NAME STREET ADDRESS 2501 22 AVE S STREETDDRESS CITY-SZIP CITY-ST-ZIP ST PETE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET IDRESS CITY-SZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exempon stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signaturishall 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 requiredy Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Carmon of Board 727-864-0046

SIGNATURE: