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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724512 (9)

1. Corporation Name  
HOLY GHOST FATHERS, INC. THE



Principal Place of Business Mailing Address  
12335 LAKEVIEW DR (DADE CITY) 12335 LAKEVIEW DR (DADE CITY)  
P.O. BOX 2328 P.O. BOX 2328  
SAINT LEO FL 33574 SAINT LEO FL 33574-2328

3. Date Incorporated or Qualified 10/09/1972 3a. Date of Last Report 04/02/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	23-7247882	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent  
HERNANDEZ, J.R.  
12335 LAKEVIEW DR  
DADE CITY FL 33525

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD KOREN, HENRY J. <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer, Vice Pres, Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOREN, HENRY J.	1.2 NAME	Koren, Henry J.
STREET ADDRESS	12235 LAKEVIEW DR	1.3 STREET ADDRESS	6230 Brush Run Road
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	Bethel Park, PA 15102
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERPOEL, CORNELIUS	2.2 NAME	
STREET ADDRESS	438 GOLDEN GATE POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARSASOTA FL	2.4 CITY-ST-ZIP	
TITLE	F <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, J.R.(FISCAL)	3.2 NAME	
STREET ADDRESS	12335 LAKEVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMERMANS, FRANS	4.2 NAME	
STREET ADDRESS	RIDDERPLEIN 17	4.3 STREET ADDRESS	
CITY-ST-ZIP	GEMERT, NETHERLANDS	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J.R. Hernandez* J. R. Hernandez February 20, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046766

CR2E037 (9/96)