

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009456

1. Entity Name
HOLY SPIRIT COMMUNICATIONS, INC.



Principal Place of Business
5013 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210

Mailing Address
5013 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210



01032006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0662294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.
ONE INDEPENDENT DR., STE. 2000
JACKSONVILLE, FL 32202

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARTON, DONALD E
STREET ADDRESS 5013 ORTEGA FOREST DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME THORNTON, J P
STREET ADDRESS 6914 ALMOURS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME DONAHOO, JOHN W JR.
STREET ADDRESS 4824 ALGONQUIN AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME BARTON, SHIRLEY H
STREET ADDRESS 5013 ORTEGA FOREST DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000378405
01/09/06-80004-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #