


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009456 1. Entity Name HOLY SPIRIT COMMUNICATIONS, INC.	
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Principal Place of Business 5013 ORTEGA FOREST DR. JACKSONVILLE, FL 32210	Mailing Address 5013 ORTEGA FOREST DR. JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0662294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARTON, DONALD E 5013 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THORNTON, J P 6914 ALMOURS DRIVE JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONAHOO, JOHN W JR. 4824 ALGONQUIN AVE. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTON, SHIRLEY H 5013 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/08-80019-016 150.00

**DO NOT WRITE
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: Donald E Barton 1/9/08 904 389 6976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #