2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N02000009456

Entity Name: HOLY SPIRIT COMMUNICATIONS, INC.

Current Principal Place of Business:

5013 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5013 ORTEGA FOREST DR.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 02-0662294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New 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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARTON, DONALD E
Address: 5013 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: THORNTON, J P
Address: 6914 ALMOURS DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: DONAHOO, JOHN W JR.
Address: 4824 ALGONQUIN AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: BARTON, SHIRLEY H
Address: 5013 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BARTON, DONALD E PRES
Address: 5013 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change ( ) Addition
Name: THORNTON, J P DIR.
Address: 6914 ALMOURS DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BARTON, SHIRLEY H DIR
Address: 5013 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. BARTON PRES 01/08/2009

Electronic Signature of Signing Officer or Director — Date