

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90163 035 \*\*\*\*70.00

<b>DOCUMENT # N03000003819</b>			
<b>1. Entity Name</b> BAY OF THE HOLY SPIRIT MINISTRIES INTERNATIONAL INC			
<b>Principal Place of Business</b> 4532 W KENNEDY BLVD #148 TAMPA, FL 33609-2042		<b>Mailing Address</b> 4532 W KENNEDY BLVD #148 TAMPA, FL 33609-2042	
<b>2. Principal Place of Business</b> 777 30th Ave N. Suite 8 City & State: St. Petersburg FL Zip: 33704 Country: USA		<b>3. Mailing Address</b> 777 30th Ave N. Suite 8 City & State: St. Petersburg FL Zip: 33704 Country: USA	
<b>4. FEI Number</b> 59-3155815		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CIGANEK, MARY ELLEN 1507 SAKONNET COURT BRANDON, FL 33511		<b>7. Name and Address of New Registered Agent</b> Name: Peter M. Ciganek Street Address (P.O. Box Number is Not Acceptable): 777 30th Ave N. #8 <del>St. Petersburg</del> City: St. Petersburg FL Zip Code: 33704	
<b>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.</b> SIGNATURE: <u>Peter M. Ciganek</u> (PETER M. CIGANEK) DATE: <u>4/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: D NAME: CIGANEK, MARY ELLEN STREET ADDRESS: 1507 SAKONNET CT CITY-ST-ZIP: BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Peter M. Ciganek STREET ADDRESS: 777 30th Ave N. #8 CITY-ST-ZIP: St. Petersburg FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PRICE, D J STREET ADDRESS: 2065 NW 15 PLACE CITY-ST-ZIP: DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Gregory V. Nelson STREET ADDRESS: 7609 Pine Hill DR CITY-ST-ZIP: Tampa FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GREEN, NELLIE E STREET ADDRESS: 709 RED RIVER CT #5 CITY-ST-ZIP: BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Mary Theresa Powers STREET ADDRESS: 8586 South Carr St. CITY-ST-ZIP: Littleton, Co 80128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I 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 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.</b>			
<b>SIGNATURE:</b> <u>Peter M. Ciganek</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/30/2005</u> Daytime Phone #: <u>727-550-9867</u>	