

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90001 049 \*\*\*\*61.25

**DOCUMENT # N05000000743**

1. Entity Name  
**NON DENOMINATIONAL HOLY GHOST TABERNACLE  
CHURCH, INC.**



Principal Place of Business  
**827 W. LYMAN AVE  
WINTER PARK, FL 32789**

Mailing Address  
**731 DEPUUGH STREET  
WINTER PARK, FL 32789**

2. Principal Place of Business  
**731 DEPUUGH Street**

3. Mailing Address

Suite, Apt. #, etc.  
**Winter Park**

Suite, Apt. #, etc.

City & State  
**Florida**

City & State

Zip Country  
**32789 Orange**

Zip Country

03052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2976127**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REED, WILLIE M  
731 DEPUUGH STREET  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete  
NAME **ROGER REED, ORLEAN R**  
STREET ADDRESS **690 CALLAHAN ST**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **T** ☐ Delete  
NAME **REED, AUBREY A**  
STREET ADDRESS **731 DEPUUGH ST**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete  
NAME **ROGER REED, WILLIE J**  
STREET ADDRESS **690 CALLAHAN ST**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete  
NAME **REED, WILLIE M**  
STREET ADDRESS **731 DEPUUGH ST**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Willie M. Reed*

*3-5-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #