2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000743

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

FILED
Apr 05, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
731 DEPUGH ST WINTER PARK, FL 32789	731 DEPUGH STREET WINTER PARK, FL 32789

03212007 No Chg-NP CR2E037 (4/06)

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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 DEPUGH STREET
WINTER PARK, FL 32789

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ROGER REED, ORLEAN R
STREET ADDRESS	690 CALLAHAN ST
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	T
NAME	REED, AUBREY A
STREET ADDRESS	731 DEPUGH ST
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	ROGER REED, WILLIE J
STREET ADDRESS	690 CALLAHAN ST
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	REED, WILLIE M
STREET ADDRESS	731 DEPUGH ST
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80042-005 70.00

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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 Willie M. Reed 4-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #