2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N07000003544

Entity Name: FIRE OF THE HOLY GHOST MINISTRIES, INC.

Current Principal Place of Business:

621 MONTCLIAR RD.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

621 MONTCLIAR RD.
LEESBURG, FL 34748

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODEHEAVER, MARSHALL
621 MONTCLIAR RD.
LEESBURG, FL 34748 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:	RODEHEAVER, MARSHALL	
Address:	621 MONTCLIAR RD.	
City-St-Zip:	LEESBURG, FL 34748	
Title:	VP	( ) Delete
Name:	BUTLER, JOHN	
Address:	333 N. CENTER	
City-St-Zip:	EUSTIS, FL 32726	
Title:	ED	( ) Delete
Name:	HOLLOWAY, WILLIAM	
Address:	521 MONTCLAIR	
City-St-Zip:	LEESBURG, FL 34748	
Title:	T	( ) Delete
Name:	RODEHEAVER, ROBERT	
Address:	621 MONTCLIAR RD.	
City-St-Zip:	LEESBURG, FL 34748	
Title:	S	( ) Delete
Name:	HOLLOWAY, ANTHONY	
Address:	521 MONTCLIAR RD.	
City-St-Zip:	LEESBURG, FL 34748	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN BUTLER VP 04/23/2008
Electronic Signature of Signing Officer or Director — Date