

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2012  
Secretary of State**

DOCUMENT# N10000004525

**Entity Name:** HOLY GHOST SOCIETY OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

1482 SE VILLAGE GREEN DR  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

3001 SE MIRACLE LANE  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 27-2551242      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MACHADO, MARIA R  
3001 SE MIRACLE LANE  
PORT ST LUCIE, FL 34952      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  
Name: CARDOSO, LUIS  
Address: 1715 DOMINIC AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S  
Name: CARDOSO, ANA  
Address: 2100 SE MANDRAKE CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP  
Name: CARDOSO, TINA  
Address: 1715 DOMINIC AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T  
Name: MACHADO, MARIA  
Address: 3001SE MIRACLE LANE  
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: MARIA R. MACHADO

TREA

01/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date