

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18772

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** THE HOLY GHOST HEADQUARTERS OF JESUS, INC.

**Current Principal Place of Business:**

250 W. 12 STREET  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

402 W. 14TH STREET  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 59-2748795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRINGLE, FREDDIE  
402 W. 14TH STREET  
APOPKA, FL 32703 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: PRINGLE, FREDDIE  
Address: 402 W. 14TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: PRINGLE, FREDDIE, JR.  
Address: 402 W. 14TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: ST  
Name: PRINGLE, JOHNNIE MAE  
Address: 402 W. 14TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: PRINGLE, REGINA  
Address: 402 W. 14TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: PRINGLE, DONNELL  
Address: 402 W. 14TH STREET  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: PRINGLE, ANTHONY  
Address: 402 W. 14TH STREET  
City-St-Zip: APOPKA, FL 32703

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: JOHNNIE MAE PRINGLE

ST

03/21/2012

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

\_\_\_\_\_  
Date