

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N49988 (1)
1. Corporation Name
CHAPEL OF THE HOLY GHOST INC.



Principal Place of Business 4901 N. 22ND STREET TAMPA FL 33610	Mailing Address 4901 N. 22ND STREET TAMPA FL 33610
--	--

3. Date Incorporated or Qualified 07/22/1992
4. FEI Number 59-3139481
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 6982 N. Gold Leaf Pt. Suite, Apt. #, etc.	2a. Mailing Address 26 6982 N. Gold Leaf Pt. Suite, Apt. #, etc.
City & State 23 Dunnellon, Florida	City & State 28 Dunnellon, Florida
Zip 24 34433	Zip 29 34433
Country 25 Citrus	Country 30 Citrus

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GANCEDO, REV. JOSEPH 4901 N. 22ND STREET TAMPA FL 33610	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	EDP <input type="checkbox"/> DELETE
NAME	GANCEDO, JOSEPH
STREET ADDRESS	4891 N 22ND STREET, D-4
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KAZAKOFF, WILLIAM D SR.
STREET ADDRESS	2112 E CARACAS STREET
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MACK, RONALD
STREET ADDRESS	5107 N 20 ST
CITY - ST - ZIP	TAMPA FL
TITLE	C <input type="checkbox"/> DELETE
NAME	KAZAKOFF, SONDRA J
STREET ADDRESS	2112 E. CARACAS STREET
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	EDP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gancedo, Joseph
1.3 STREET ADDRESS	6982 N. Gold Leaf Pt.
1.4 CITY - ST - ZIP	Dunnellon, Florida 34433
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rev. Joseph Gancedo

April 16 1998

352-564-8622

CR2E037 (10/97)