2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N49988** 1. Entity Name CHAPEL OF THE HOLY GHOST INC. Principal Place of Business Mailing Address 6962 N GOLD LEAF PT 6982 N GOLD LEAF PT **DUNNELLON FL 34433-5317 DUNNELLON FL 34433**

Apr 06, 2000 8:00 am Secretary of State

04-06-2000 90042 035 ****70.00

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		v.		1 00 1111	E BY BIBIS (BY B 1818) (BY BI 1818) (BY BY B	2 (3)) 6(6)) 6(6)) 6(3)	! 	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE! Numb	4. FEI Number			
Zip -	Country	Zip	Country_ J.	5. Certificat	e of Status Desired	\$8.75. Add Fee Required		
6. Name and Address of Current Registered		egistered Agent		7. Name and Addr		ress of New Registered Agent		
			Name	Name				
GANCEDO	, rev. Joseph	Street Address		ddress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
	ND STREET			·····				
TAMPA FL								
17 4011 77 1 12	00010	City			F	Zip Code		
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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
		<u> </u>						
FILE NOW:		9. Election Campaign Financing \$5 (\$5.00 May Be	Make Check Payable to			
	FEE IS \$61.25	Trust Fund Contribut		Added to Fees		ent of State	1	
	. 1 CE 10 40 1120				` ·			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CI	HANGES TO OFFICERS AND	DIRECTORS IN		
TITLE	EDP	☐ Delete	TITLE			Change	☐ Addition	
NAME	GANCEDO, JOSEPH		NAME					
STREET ADDRESS	6982 N GOLD LEAF PT		STREET ADDRESS CITY-ST-ZIP				ĺ	
CITY-ST-ZIP	DUNNELLON FL 34433						C 4455	
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS,	KAZAKOFF, WILLIAM D SR.		NAME STREET ADDRESS				}	
CITY-ST-ZIP	2112 E CARACAS STREET	manufactures of Liberterines	CITY-ST-ZIP	منفي منتدا المعاذل بداهيرت			-	
TITLE	D	Delete	TITLE			Change	Addition	
NAME	MACK, RONALD		NAME				i	
STREET ADDRESS	5107 N 20 ST		STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		 			
TITLE	C	Delete	TITLE			☐ Change	☐ Addition	
NAME	KAZAKOFF, SONDRA J		NAME				Į	
STREET ADDRESS	2112 E. CARACAS STREET		STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP					
TITLE	C NIEDDEZ INDDA	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	GUTIERREZ, INDRA		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	52 FRANKLIN AVE		CITY-ST-ZIP					
	FAIRVIEW NJ 07022-1038	Delete	TITLE	Sec.		Change		
TITLE NAME		□ Delete	NAME	Juanita G.	Gancedo d Leaf Pt	Juango	, addition	
STREET ADDRESS				6482 N. Gol	d Leaf Pt			
CITY-ST-ZIP			CITY-ST-ZIP	Dunnellon	Flordia 34	433.	}	
				Janie				

12. 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 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.