

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49988

1. Entity Name

CHAPEL OF THE HOLY GHOST INC.

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90094 013 ****70.00

606888



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6982 N GOLD LEAF PT
DUNNELLON FL 34433
US

6982 N GOLD LEAF PT
DUNNELLON FL 34433
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3139481

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANCEDO, REV. JOSEPH
4901 N. 22ND STREET
TAMPA FL 33610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE EDP
NAME GANCEDO, JOSEPH ☐ Delete
STREET ADDRESS 6982 N GOLD LEAF PT
CITY-ST-ZIP DUNNELLON FL 34433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KAZAKOFF, WILLIAM D. SR.
STREET ADDRESS 2112 E CARACAS STREET
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME Dumenigo, Steve
STREET ADDRESS % Friar Tuck Inn Rt 32
CITY-ST-ZIP Catskill, New York 12414

TITLE D ☐ Delete
NAME MACK, RONALD
STREET ADDRESS 5107 N 20 ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☒ Delete
NAME KAZAKOFF, SONDR A J
STREET ADDRESS 2112 E. CARACAS STREET
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME GUTIERREZ, INDRA
STREET ADDRESS 52 FRANKLIN AVE
CITY-ST-ZIP FAIRVIEW NJ 07022-1038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GANCEDO, JUANITA G
STREET ADDRESS 6982 N GOLD LEAF PT
CITY-ST-ZIP DUNNELLON FL 34433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. Gancedo

1-10-01

1-352-564-8600

CR2E037 (10/00)