

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90162 031 \*\*\*\*61.25

**DOCUMENT # N49988**

1. Entity Name

**CHAPEL OF THE HOLY GHOST INC.**

Principal Place of Business

**6982 N GOLD LEAF PT  
DUNNELLON FL 34433  
US**

Mailing Address

**6982 N GOLD LEAF PT  
DUNNELLON FL 34433  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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** ☐ Delete  
NAME **GANCEDO, JOSEPH**  
STREET ADDRESS **6982 N GOLD LEAF PT**  
CITY-ST-ZIP **DUNNELLON FL 34433**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **DUNMENIGO, STEVE**  
STREET ADDRESS **C O FRCAR TUCK INN RT 32**  
CITY-ST-ZIP **CATSKILL NY 12414**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MACK, RONALD**  
STREET ADDRESS **5107 N 20 ST**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **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-ZIPTITLE **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-ZIPTITLE **S** ☒ Delete  
NAME **GANCEDO, JUANITA G**  
STREET ADDRESS **6982 N GOLD LEAF PT**  
CITY-ST-ZIP **DUNNELLON FL 34433**TITLE ☒ Change ☐ Addition  
NAME **Gancedo, Juanita G.**  
STREET ADDRESS **6982 N. Gold Leaf Pt.**  
CITY-ST-ZIP **Dunnellon, Florida 34433**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Joseph P. Gancedo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph P. Gancedo Rev****04-05-02**

Date

**352-364-8622**

Daytime Phone #

CR2E037 (9/01)