


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90068 011 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N49988</b><br>1. Entity Name<br><b>CHAPEL OF THE HOLY GHOST INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>6982 N GOLD LEAF PT<br/>DUNNELLON FL 34433<br/>US</b>   |  |   | Mailing Address<br><b>6982 N GOLD LEAF PT<br/>DUNNELLON FL 34433<br/>US</b> |  |  |
| 2. Principal Place of Business  |  |   | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.   |  |  |
| City & State  |  |   | City & State  |  |  |
| Zip   |  | Country   |   | Zip  |  |
|   |  |   |   | Country  |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>GANCEDO, REV. JOSEPH<br/>4901 N. 22ND STREET<br/>TAMPA FL 33610</b>  |  |   |   | Name<br><hr/> Street Address (P.O. Box Number is Not Acceptable)<br><hr/> <hr/> City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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. I am familiar with, and accept the obligations of registered agent. |  |   |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
|   |  | <b>Make Check Payable to<br/>Florida Department of State</b>                        |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |  |  |
| TITLE   | EDP<br>GANCEDO, JOSEPH <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | 6982 N GOLD LEAF PT                                    |   | NAME  |  |  |
| STREET ADDRESS  | DUNNELLON FL 34433                                     |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |  |  |
| TITLE   | D <input type="checkbox"/> Delete                      |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | MACK, RONALD   |   | NAME  |  |  |
| STREET ADDRESS  | 5107 N 20 ST   |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | TAMPA FL   |   | CITY-ST-ZIP   |  |  |
| TITLE   | CD <input type="checkbox"/> Delete                     |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | GUTIERREZ, INDRA                                       |   | NAME  |  |  |
| STREET ADDRESS  | 52 FRANKLIN AVE  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | FAIRVIEW NJ 07022-1038                                 |   | CITY-ST-ZIP   |  |  |
| TITLE   | VSD <input type="checkbox"/> Delete                    |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | GANCEDO, JUANITA G                                     |   | NAME  |  |  |
| STREET ADDRESS  | 6982 N GOLD LEAF PT                                    |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | DUNNELLON FL 34433                                     |   | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete                        |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME  |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete                        |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |  |   | NAME  |  |  |
| STREET ADDRESS  |  |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP   |  |  |



MOORE CR2E037 (11/03)

4. FEI Number **59-3139481** ☐ Applied For  
Not Applicable

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

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:** *Rev. Joseph P. Gancedo* **Rev. JOSEPH P. GANCEDO** 3/30/04 (1352 5648622)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #