2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 24, 2005 08:00 AM DOCUMENT # N4998® 1. Entity Name **Secretary of State** CHAPEL OF THE HOLY GHOST INC. Principal Place of Business Mailing Address 6982 N GOLD LEAF PT DUNNELLON FL 34433 6982 N GOLD LEAF PT DUNNELLON FL 34433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-3139481 Not Applicable Zip Country ZipCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ñame GANCEDO, REV. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4901 N. 22ND STREET **TAMPA FL 33610** Zip Code FL 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 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. EDP TOLE Change ☐ Addition ☐ Delete TITLE GANCEDO, JOSEPH NAME NAME U00000275301 6982 N GOLD LEAF PT STREET ADDRESS SURFELADORESS 03/24/05-80047-012 61.25 **DUNNELLON FL 34433** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MACK, RONALD NAME NAME 5107 N 20 ST STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CI1Y-S1-ZIP Delete Change ☐ Addition TITLE MOR GUTIERREZ, INDRA NAME NAME 52 FRANKLIN AVE STREET ADDRESS STREET ADDRESS FAIRVIEW NJ 07022-1038 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE GANCEDO, JUANITA G NAME MAME 6982 N GOLD LEAF PT STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34433** CITY-ST-ZIP CITY-ST-ZIP 7(1) F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete THE ☐ Chânge Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP 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 1 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.

March 23,2005