

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

4/9

04-09-2003 90164 009 *****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 & 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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	EDP	<input type="checkbox"/> Delete
NAME	GANCEDO, JOSEPH	
STREET ADDRESS	6982 N GOLD LEAF PT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNMENIGO, STEVE	
STREET ADDRESS	C O FRCAR TUCK'INN'RT'32	
CITY-ST-ZIP	CATSKILL NY 12414	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, RONALD	
STREET ADDRESS	5107 N 20 ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	GUTIERREZ, INDRA	
STREET ADDRESS	52 FRANKLIN AVE	
CITY-ST-ZIP	FAIRVIEW NJ 07022-1038	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GANCEDO, JUANITA G	
STREET ADDRESS	6982 N GOLD LEAF PT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Resigned*

Resigned Joseph P Gancedo

4-08-03

352-564-8622

MONEY ORDER # 14100001118

Date Daytime Phone

CR2E037 (10/02)