


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N50708</b> 1. Entity Name <b>JESUS HOLY GHOST CRUSADE, INC.</b>		
Principal Place of Business <b>1401 NE PARK STREET OKEECHOBEE, FL 34973 US</b>		Mailing Address <b>POST OFFICE BOX 2355 OKEECHOBEE, FL 34973 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DAMES, EMMALINE 906 NE 14TH AVE OKEECHOBEE, FL 34972</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Emmaline Dames</u> <u>Registered Agent</u> <u>April 22, 06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	HARRIS, EMMALINE	
STREET ADDRESS	906 NE 14TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE, FL 34973	
TITLE	D	
NAME	HARRIS, DOROTHY	
STREET ADDRESS	3303 AVENUE D	
CITY-ST-ZIP	FT PIERCE, FL 34945	
TITLE	D	
NAME	BARTLEY, LAVERNA	
STREET ADDRESS	503 NE 15TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE, FL 34973	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Emmaline Harris</u> <u>Emmaline Harris</u> <u>April 22, 06</u> <u>863-634-9151</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04272006 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0355463**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

100000553768  
05/15/06-80065-019 61.25