



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N51435 1. Entity Name HOLY SPIRIT MINISTRIES, INC.	
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Principal Place of Business 1305 NW 54 STREET MIAMI, FL 33142 US	Mailing Address 8855 NW FIRST AVE MIAMI, FL 33150
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03062007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0306322	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELANEY, ALVIN S JR
8855 NW 1 AVE
MIAMI, FL 33150**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, AVERY L 1143 NW 112 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELANEY, JR. A 8855 NW 1 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOWLES, PAMELA 1760 NW 152ND TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSCOE, GWENDOLYN 1760 NW 152 TERRACE OPA LOCKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80055-019 70.00

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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>ALVIN DELANEY, JR.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>3/27/07</u> Date	<u>305 758-8904</u> Daytime Phone #
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