

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90025 033 ****61.25
09-01-1999 90025 034 *****8.75

DOCUMENT # N92000000958

1. Corporation Name

BAY OF THE HOLY SPIRIT MINISTRIES INC.

Principal Place of Business

118 S WESTSHORE BLVD #148
TAMPA FL 33609

Mailing Address

118 S WESTSHORE BLVD #148
TAMPA FL 33609



2. Principal Place of Business

21 3101 ELAKE BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 4532 W Kennedy Blvd
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/28/1992

4. FEI Number

59-3155815

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

City & State

23 TAMPA FL
Zip Country

City & State

28 TAMPA FL
Zip Country

9. Name and Address of Current Registered Agent

WALLACE, PATRICIA A
102 ASHBROOK DR
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mary Ellen Ciganek
Signature, typed or printed name of registered agent and title if applicable.

MARY ELLEN CIGANEK
(NOTE: Registered Agent signature required when reinstating)

8/23/99
Date

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CIGANEK, MARY ELLEN
STREET ADDRESS 118 S. WESTSHORE BLVD., #148
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ DELETE

NAME WALLACE, PATRICIA A
STREET ADDRESS 102 ASHBROOK DR
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE

NAME HENNESSY, CAROL
STREET ADDRESS 1249 BRYANT ST
CITY-ST-ZIP RAHWAY NJ 07065

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Ellen Ciganek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/99
Date

Daytime Phone #

CR2E037 (5/99)