

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

0040279

DOCUMENT # N92000000958

1. Entity Name

BAY OF THE HOLY SPIRIT MINISTRIES INC.

05-24-2002 91272 011 ****61.25

Principal Place of Business

Mailing Address

3101 E. LAKE BLVD
 TAMPA FL 33609

4532 W KENNEDY BLVD
 #148
 TAMPA FL 33609

433941

2. Principal Place of Business

3. Mailing Address

3011 South 54th St.

SA A

4. Suite, Apt. #, etc.

5. Suite, Apt. #, etc.

Tampa FL

6. City & State

7. City & State

8. FEI Number

59-3155815

9. Applied For

10. Not Applicable

11. Zip

33619

12. Country

USA

13. Zip

14. Country

15. Certificate of Status Desired

\$8.75 Additional Fee Required

16. Name and Address of Current Registered Agent

17. Name and Address of New Registered Agent

**WALLACE, PATRICIA A
 102 ASHBROOK DR
 BRANDON FL 33511**

18. Name

Wallace, Patricia A

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

1355 Orange Ave Suite 230

20. City

Winter Park

21. FL

22. Zip Code

32789

23. 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.

24. SIGNATURE

Patricia A Wallace

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

Patricia A Wallace, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

25. DATE

4/29/02

FILE NOW: FEE IS \$61.25

26. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

27. OFFICERS AND DIRECTORS

28. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	CIGANEK, MARY ELLEN
STREET ADDRESS	118 S. WESTSHORE BLVD., #148
CITY-ST-ZIP	TAMPA FL 33609
TITLE	D <input type="checkbox"/> Delete
NAME	WALLACE, PATRICIA A
STREET ADDRESS	102 ASHBROOK DR
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input type="checkbox"/> Delete
NAME	HENNESSY, CAROL
STREET ADDRESS	1249 BRYANT ST
CITY-ST-ZIP	RAHWAY NJ 07065
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

29. 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 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.

30. SIGNATURE:

Mary Ellen Ciganek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

31. DATE

32. Daytime Phone #

CR2E037 (9/01)