

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91413 012 \*\*\*\*61.25

**DOCUMENT # N92000000958**

1. Entity Name  
**BAY OF THE HOLY SPIRIT MINISTRIES INC.**



Principal Place of Business      Mailing Address

**3011 SOUTH 54TH ST.  
TAMPA FL 33619**      **4532 W KENNEDY BLVD  
#148  
TAMPA FL 33609**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3155815**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WALLACE, PATRICIA A  
1350 ORANGE AVE. STE 230  
WINTER PARK FL 32789**

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

12. 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.

SIGNATURE: *[Signature]*      **4/25/03 8137675505**

CR2E037 (10/02)