

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005659**

1. Entity Name  
**THE CATHOLIC PRAYER MINISTRY OF THE HOLY  
SPIRIT, INC.**



Principal Place of Business  
**1229 SW 172ND TERRACE  
PEMBROKE PINES, FL 33029 US**

Mailing Address  
**1229 SW 172 TERR  
PEMBROKE PINES, FL 33029 US**



08102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0537287**

Applied For  
Not Applicable

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

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

**MOGBO, CHUCK P.A.  
2800 W OAKLAND PK BLVD STE 209  
OAKLAND PARK, FL 33311**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
EDEH, FR DR EMMANUEL  
1229 SW 172ND TERR  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MADUKAJI, ASCENSION  
1229 SW 172ND TERR  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ANEKWE, MARIA P  
1229 S.W. 172ND TERR.  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHILAKA, PHILO-CORDIS  
1229 S.W. 172ND TERR.  
PEMBROKE PINES, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1100000376374  
08/15/05-80002-024 70.00

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: *P. C. Chilaka PhiloCordis Chilaka* 8/10/05 (305)243-5120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #