

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000005659

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



FILED
May 17, 2006 08:00 A]
Secretary of State

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

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



DO NOT WRITE IN THIS SPACE

05102006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0537287	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

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 remitting)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EDEH, FR DR EMMANUEL
STREET ADDRESS 1229 SW 172ND TERR
CITY-ST-ZIP PEMBROKE PINES, FL 33028

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: P.C. Chilaka PhiloCordis Chilaka 5/11/06 (305)343-5120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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IN THIS SPACE**

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05/20/06-80103-003 70.00