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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000006155 (3)

1. Corporation Name

HOLY GHOST NATION NEW COVENANT MINISTRIES, INC.

Principal Place of Business

Mailing Address

401 WEST CENTRAL AVE.  
BUSHNELL FL 33513

401 WEST CENTRAL AVE.  
BUSHNELL FL 33513-5801

3. Date Incorporated or Qualified  
12/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 403 West Central Ave.

26 P.O. Box 733

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bushnell, Florida

27 Bushnell, Florida

City & State

City & State

23 33513

28 33513

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3413703

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYDEN, ROBERT C JR.  
401 WEST CENTRAL AVENUE  
BUSHNELL FL 33513

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE (D) Vice President

NAME Denise Hayden

STREET ADDRESS 401 West Central Ave.

CITY-ST-ZIP Bushnell, Florida 33513

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (D) Vice President

1.2 NAME Reid Palmer

1.3 STREET ADDRESS 403 West Central Ave.

1.4 CITY-ST-ZIP Bushnell, Florida 33513

2.1 TITLE (T) Treasurer

2.2 NAME Phyllis Hayden

2.3 STREET ADDRESS 6659 SW 22nd Way (Hwy 476 W.)

2.4 CITY-ST-ZIP Bushnell, Florida 33513

3.1 TITLE (D) Vice Chairman Board

3.2 NAME & Secretary

3.3 STREET ADDRESS Sally Palmer, 403 W. Central Ave.

3.4 CITY-ST-ZIP Bushnell, Florida 33513

4.1 TITLE (D) Chairman of Board

4.2 NAME & President.

4.3 STREET ADDRESS Robert C. Hayden, Jr.

4.4 CITY-ST-ZIP 401 W. Central Ave.,

4.5 CITY-ST-ZIP Bushnell, Florida 33513

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 changes or an attachment with a address

SIGNATURE: Robert C. Hayden, Jr. REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 1997

793-6630

Date

Daytime Phone # (00888

CR2E037 (9/96)