

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006155 (3)
1. Corporation Name
HOLY GHOST NATION NEW COVENANT MINISTRIES, INC.



Principal Place of Business 403 WEST CENTRAL AVE. BUSHNELL FL 33513 US	Mailing Address P.O. BOX 733 BUSHNELL FL 33513 US
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3. Date Incorporated or Qualified 12/04/1996
4. FEI Number 59-3413703
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent HAYDEN, ROBERT C JR. 401 WEST CENTRAL AVENUE BUSHNELL FL 33513
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10. Name and Address of New Registered Agent 81 Name Robert C. Hayden, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 6659 SW 22nd Way 83 City Bushnell FL 85 Zip Code 33513
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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	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HAYDEN, DENISE	
STREET ADDRESS	401 WEST CENTRAL AVE.	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PALMER, REID	
STREET ADDRESS	403 WEST CENTRAL AVE.	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAYDEN, PHYLLIS	
STREET ADDRESS	6659 S.W. 22ND WAY (HWY. 476 W.)	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PALMER, SALLY	
STREET ADDRESS	403 W. CENTRAL AVE.	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAYDEN, ROBERT C JR.	
STREET ADDRESS	402 W. CENTRAL AVE.	
CITY-ST-ZIP	BUSHNELL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert C. Hayden, Jr.	
5.3 STREET ADDRESS	6659 22nd Way	
5.4 CITY-ST-ZIP	Bushnell, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 changed, or on an attachment with an address.

SIGNATURE: *Robert C. Hayden, Jr.*

4/22/98

CR2E037 (10/97)