

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90143 035 ****70.00

DOCUMENT # N97000003275

1. Entity Name

THE HOLY GHOST HEADQUARTERS, INC.

Principal Place of Business

Mailing Address

608 CHERRY ST
 DAYTON BCH FL 32114
 US

10 STARLING DRIVE
 DAYTONA BEACH FL 32117
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRKLAND, JEROME
 1416 CADILLAC DR.
 HOLLY HILL FL 32117

Name **JEROME KIRKLAND**

Street Address (P.O. Box Number is Not Acceptable)

**10 Starling Dr.
 DAYTONA BEACH, FL. 32117**

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.

SIGNATURE **JEROME KIRKLAND**

4/16/02

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

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | KIRKLAND, JEROME |
| STREET ADDRESS | 1416 CADILLAC DR. |
| CITY-ST-ZIP | HOLLY HILL FL 32117 |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | KIRKLAND, ANDREA |
| STREET ADDRESS | 1416 CADILLAC DR. |
| CITY-ST-ZIP | HOLLY HILL FL 32117 |
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | KIRKLAND, FLOYD |
| STREET ADDRESS | 517 N. 6TH ST. |
| CITY-ST-ZIP | PALATKA FL 32177 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Church's Prophet |
| STREET ADDRESS | KEHELETH J. KIRKLAND II |
| CITY-ST-ZIP | 10 Starling Dr. DAYTONA BEACH, FL. 32117 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRKLAND, JEROME |
| STREET ADDRESS | 10 Starling Dr. |
| CITY-ST-ZIP | DAYTONA BEACH, FL. 32117 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRKLAND, ANDREA |
| STREET ADDRESS | 10 Starling Dr. |
| CITY-ST-ZIP | DAYTONA BEACH, FL. 32117 |
| 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (386) 274-5317
 Date Daytime Phone #

CR2E037 (9/01)