

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N97000003275

1. Entity Name

THE HOLY GHOST HEADQUARTERS, INC.



FILED

2008 SEP 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

608 CHERRY ST
DAYTON BCH FL 32114
US

Mailing Address

10 STARLING DRIVE
DAYTONA BEACH FL 32117
US

2. Principal Place of Business - No P.O. Box #

10 Starling Drive
Suite, Apt. #, etc.
DAYTONA BEACH, FL.
City & State

3. Mailing Address

Same
Suite, Apt. #, etc.
City & State

2nd MOORE

CR2E037 (4/08)

Zip
32117

Country
Volusia

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRKLAND, JEROME
10 STARLING DR.
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name

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

Same

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. 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

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KIRKLAND, JEROME
STREET ADDRESS 10 STARLING DR.
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE D ☐ Delete
NAME KIRKLAND, ANDREA
STREET ADDRESS 10 STARLING DR
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE D ☐ Delete
NAME KIRKLAND II, KENNETH J
STREET ADDRESS 10 STARLING DR
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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

[Signature]

9/8/08

(384)274-1907