

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90128 019 *****70.00

0001377

DOCUMENT # N97000003275

1. Entity Name

THE HOLY GHOST HEADQUARTERS, INC.



Principal Place of Business

**608 CHERRY ST
JAYTON BCH FL 32114
JS**

Mailing Address

**10 STARLING DRIVE
DAYTONA BEACH FL 32117
US**

20028631



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

City & State

SAME

Zip

SAME

Country

U.S.A

Zip

32114

Country

U.S.A

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

**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

Jerome Kirkland

(NOTE: Registered Agent signature required when reinstating)

3/31/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, JEROME	
STREET ADDRESS	10 STARLING DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, ANDREA	
STREET ADDRESS	10 STARLING DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND II, KENNETH J	
STREET ADDRESS	10 STARLING DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Jerome Kirkland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 (386) 745-0255

Date

Daytime Phone #

CR2E037 (10/02)