

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
 98 SEP 29 10:11:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

001584

DOCUMENT # N97000003365 (0)

1. Corporation Name  
 HOLY GHOST TEMPLE, INC.

98-AR



Principal Place of Business Mailing Address  
 433 S SHELPER ST QUINCY FL 32351

3. Date Incorporated or Qualified  
 06/11/1997

4. FEI Number  Applied For  Not Applicable

2. Principal Place of Business Mailing Address  
 21 U.S. 90 East of Circle Dr. East 26 433 S. Shelpher St  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

22 City & State 27 City & State  
 Quincy, FL Quincy, FL

7. Is this nonprofit corporation a homeowners association?  Yes  No

23 Zip Country 28 Zip Country  
 32351 Gadsden USA 32351 Gadsden USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

JONES, RONALD D  
 433 S SHELPER ST  
 QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name Ronald D. Jones  
 82 Street Address (P.O. Box Number is Not Acceptable) 433 S. Shelpher St  
 83  
 84 City Quincy, FL FL 85 Zip Code 32351

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 Ronald D. Jones, Overseer

9-15-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <input checked="" type="checkbox"/> DELETE	DEACON, CHARVANN
NAME	Brandon J. Jones
STREET ADDRESS	433 S. Shelpher St
CITY-ST-ZIP	Quincy, FL 32351
TITLE <input checked="" type="checkbox"/> DELETE	CHRISTOPHER M. JONES
NAME	CHRISTOPHER M. JONES
STREET ADDRESS	433 S. Shelpher St.
CITY-ST-ZIP	Quincy, FL 32351
TITLE <input checked="" type="checkbox"/> DELETE	ANTHONY MITCHELL
NAME	ANTHONY MITCHELL
STREET ADDRESS	433 S. Shelpher St
CITY-ST-ZIP	Quincy, FL 32351
TITLE <input checked="" type="checkbox"/> DELETE	CHARLESTON YON
NAME	CHARLESTON YON
STREET ADDRESS	433 S. Shelpher St
CITY-ST-ZIP	Quincy, FL 32351
TITLE <input checked="" type="checkbox"/> DELETE	KEVIN BAKER
NAME	KEVIN BAKER
STREET ADDRESS	433 S. Shelpher St
CITY-ST-ZIP	Quincy, FL 32351
TITLE <input checked="" type="checkbox"/> DELETE	RONALD D. JONES
NAME	RONALD D. JONES
STREET ADDRESS	433 S. Shelpher St
CITY-ST-ZIP	Quincy, FL 32351

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800002651748--4
1.4 CITY-ST-ZIP	-09/29/98--01068--021
2.1 TITLE	*****61.25 *****61.25
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Ronald D. Jones, Ronald D. Jones 9-15-98 627-3932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)