


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006323 1. Entity Name HOLY GHOST TRIPLE PORTION MINISTRIES, INC.	
---	---

Principal Place of Business 1750 N. LIME AVE SARASOTA FL 34234	Mailing Address 1750 N. LIME AVE SARASOTA FL 34234
--	--



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0963891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PHELPS, HENRY JR. 1762 24TH STREET SARASOTA FL 34234

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP PHELPS, HENRY JR.	<input type="checkbox"/>
NAME	1762 24TH STREET	
STREET ADDRESS	SARASOTA FL 34234	
CITY - ST - ZIP		
TITLE	DVP WHEELER, EDWARD	<input type="checkbox"/>
NAME	1762 24TH STREET	
STREET ADDRESS	SARASOTA FL 34234	
CITY - ST - ZIP		
TITLE	DS BENSON, BARBARA	<input type="checkbox"/>
NAME	1750 N. LIME AVE	
STREET ADDRESS	SARASOTA FL 34234	
CITY - ST - ZIP		
TITLE	AD JACKSON, JASON	<input type="checkbox"/>
NAME	1845 19TH STREET	
STREET ADDRESS	SARASOTA FL 34234	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	U00000310912		
CITY - ST - ZIP	04/18/05-80021-019 61.25		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(b), 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 information

SIGNATURE: Henry Phelps Jr. 4-14-05 941-330-9043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #