

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006323

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: HOLY GHOST TRIPLE PORTION MINISTRIES, INC.

**Current Principal Place of Business:**

5763 DEER HOLLOW TRAIL  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5763 DEER HOLLOW TRAIL  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 65-0963891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHELPS, HENRY JR.  
1762 24TH STREET  
SARASOTA, FL 34234 US

**Name and Address of New Registered Agent:**

PHELPS, HENRY JR.  
5763 DEER HOLLOW TRAIL  
SARASOTA, FL 34232 US

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: HENRY PHELPS, JR.

02/27/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PHELPS, HENRY JR.  
Address: 1762 24TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: DVP ( ) Delete  
Name: WHEELER, EDWARD  
Address: 1762 24TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete  
Name: PHELPS, GWENDOLYN  
Address: 5763 DEER HOLLOW TRAIL  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PHELPS, HENRY JR.  
Address: 5763 DEER HOLLOW TRAIL  
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY PHELPS, JR.

DP

02/27/2008

Electronic Signature of Signing Officer or Director

Date