

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006470

1. Entity Name
HOLY GHOST TEMPLE, INC.



Principal Place of Business
**520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029**

Mailing Address
**520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029**

DO NOT WRITE IN THIS SPACE



04202008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
22-3935274

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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IN THIS SPACE**

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 _____

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000942836
05/29/08 00037 000 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
RUFF, NORVAL A
520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
RUFF, JOY C
520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLARK, MATTIE
520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
NEAL, GAIL B
520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
NEAL, FREDERICK
520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Frederick Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/08
Date

(954) 538-0863
Daytime Phone #