

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006470

Entity Name: HOLY GHOST TEMPLE, INC.

Current Principal Place of Business:

520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029

Current Mailing Address:

520 NORTHWEST 199TH AVE
PEMBROKE PINES, FL 33029

FEI Number: 22-3935274

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RUFF, NORVAL A
520 NW 199 AV
PEMBROKE PINES, FL 33029 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DP
Name RUFF, NORVAL A
Address 520 NORTHWEST 199TH AVE
City-State-Zip: PEMBROKE PINES FL 33029

Title DV
Name RUFF, JOY C
Address 520 NORTHWEST 199TH AVE
City-State-Zip: PEMBROKE PINES FL 33029

Title D
Name CLARK, MATTIE
Address 520 NORTHWEST 199TH AVE
City-State-Zip: PEMBROKE PINES FL 33029

Title S
Name NEAL, BETTY G
Address 520 NORTHWEST 199TH AVE
City-State-Zip: PEMBROKE PINES FL 33029

Title T
Name NEAL, FREDERECK
Address 520 NORTHWEST 199TH AVE
City-State-Zip: PEMBROKE PINES FL 33029

Title BOARD MEMBER
Name DOUGLAS, JANICE
Address 520 NORTHWEST 199TH AVE
City-State-Zip: PEMBROKE PINES FL 33029

I hereby 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 all other like empowered.

SIGNATURE: BETTY NEAL

SECRETARY

04/17/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date