

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006470

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC9578135769**

**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

*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 G NEAL

**SECRETARY**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date