

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	D
Name	CLARK, MATTIE
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	DV
Name	RUFF, JOY C
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	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