

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004525

**FILED**  
**Jan 30, 2013**  
**Secretary of State**  
**CC0780288298**

**Entity Name:** HOLY GHOST SOCIETY OF PORT ST. LUCIE, INC.

**Current Principal Place of Business:**

1482 SE VILLAGE GREEN DR  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

3001 SE MIRACLE LANE  
PORT ST LUCIE, FL 34952

**FEI Number:** 27-2551242

**Certificate of Status Desired:** Yes

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

MACHADO, MARIA R  
3001 SE MIRACLE LANE  
PORT ST LUCIE, FL 34952 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 P  
Name CARDOSO, LUIS  
Address 1715 DOMINIC AVE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title S  
Name CARDOSO, ANA  
Address 2100 SE MANDRAKE CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34952

Title VP  
Name CARDOSO, TINA  
Address 1715 DOMINIC AVE  
City-State-Zip: PORT ST LUCIE FL 34952

Title T  
Name MACHADO, MARIA  
Address 3001SE MIRACLE LANE  
City-State-Zip: PORT ST LUCIE FL 34952

*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: MARIA MACHADO**

**TREASURER**

**01/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date