

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:47

DOCUMENT # 740300

(9)

1. Corporation Name

HOLY SPIRIT EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

1003 ALLENDALE ROAD
WEST PALM BEACH FL 33405

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WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1977

3a. Date of Last Report
01/21/1994

4. FEI Number
59-1893299

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PURVIS, LAURIE
333 KNOTTY PINE CIRCLE, C-2
LAKE WORTH FL 33463

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Laurie A. Purvis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

01/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PURVIS, LAURIE
STREET ADDRESS	333 KNOTTY PINE CIRCLE, C-2
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VD
NAME	RUSSEL, SCOTT
STREET ADDRESS	1675 JULIE TONIA DRIVE
CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	T
NAME	MCCRAY, DEBBIE
STREET ADDRESS	2305 BERMUDA DR.
CITY - ST - ZIP	W PALM BCH, FL 00000
TITLE	D
NAME	SULLIVAN, ROBERT
STREET ADDRESS	1119 SEA PINES WAY
CITY - ST - ZIP	LANTANA FL
TITLE	S
NAME	BROWN, CAROLYN
STREET ADDRESS	4183A PALM BAY CIRCLE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VD
2.3 STREET ADDRESS	LIGON, FRANK
2.4 CITY - ST - ZIP	1314 WYNNEWOOD DRIVE WEST PALM BEACH, FL 33417
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	T
3.3 STREET ADDRESS	STEINMETZ, S. C.
3.4 CITY - ST - ZIP	827 EL VEDADO WEST PALM BEACH, FL 33405
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D
4.3 STREET ADDRESS	FOOT, ROBERT
4.4 CITY - ST - ZIP	2400 S.W. 1ST STREET BOYNTON BEACH, FL 33435
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laurie A. Purvis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/95

Date

Signature (Typed)