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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

1003 ALLENDALE ROAD
WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified

10/03/1977

4. FEI Number

59-1893299

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, ROBERT
1119 SEA PINES WAY
LANTANA FL 33462

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Robert Sullivan

01/27/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ROBERT	
STREET ADDRESS	1119 SEA PINES WAY	
CITY-ST-ZIP	LANTANA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BUCKLEY, MARY C	
STREET ADDRESS	300 VIENNA DRIVE APT F-206	
CITY-ST-ZIP	PALM SPRINGS FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STEINMETZ, S.C.	
STREET ADDRESS	827 EL VEDADO	
CITY-ST-ZIP	W PALM BCH, FL 00000	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hunt, M. Frances
3.3 STREET ADDRESS	1495 Woodcrest Rd. N.
3.4 CITY-ST-ZIP	West Palm Beach, FL 33417

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOOT, ROBERT	
STREET ADDRESS	2400 SW 1ST STREET	
CITY-ST-ZIP	BOYNTON BEACH FL	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barnette, James L.
4.3 STREET ADDRESS	6037 Southern Rd. S.
4.4 CITY-ST-ZIP	West Palm Beach, FL 33415

TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, CAROLYN	
STREET ADDRESS	4183A PALM BAY CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert Sullivan

01/27/98

561-588-5886

CR2E037 (10/97)