

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740300

1. Entity Name

HOLY SPIRIT EPISCOPAL CHURCH, INC.

Principal Place of Business

1003 ALLENDALE ROAD
WEST PALM BEACH FL 33405

Mailing Address

1003 ALLENDALE ROAD
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1893299

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROOG, DAWN
703 S E ATLANTIC DRIVE
LANTANA FL 33462

Name

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

2209 Telogia Court

City West Palm Beach

FL

33411

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROOG, DAWN
STREET ADDRESS 703 S E ATLANTIC DRIVE
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2209 Telogia Court
CITY-ST-ZIP West Palm Beach, FL 33411

TITLE T
NAME HUNT, FRAN
STREET ADDRESS 1495 WOODCREST ROAD N
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LIGON, FRANK
STREET ADDRESS 1314 WYNNEWOOD DR.
CITY-ST-ZIP WEST PALM BCH FL 33417 ☒ Delete

TITLE ☒ Change ☐ Addition
NAME Barnette, Jim
STREET ADDRESS 6037 Southern Road S.
CITY-ST-ZIP West Palm Beach, FL 33415

TITLE S
NAME ROSATO, LEAH
STREET ADDRESS 1128 SOUTH 'N' STREET
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)