


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90023 024 ****61.25

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 - No P.O. Box #			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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHROTENBOER, CLAIRE 944 ANDREWS RD WEST PALM BEACH FL 33405			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Claire Schrottenboer, Sr. Warden</u> 3/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHROTENBOER, CLAIRE		NAME		
STREET ADDRESS	944 ANDREWS RD		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33405		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNT, FRAN		NAME		
STREET ADDRESS	5019 WHISPERING HOLLOW		STREET ADDRESS		
CITY- ST- ZIP	PALM BEACH GARDENS FL 33418		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, CAROLYN		NAME		
STREET ADDRESS	4183 A PALM BAY CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33406		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSATO, LEAH		NAME		
STREET ADDRESS	1314 WYNNEWOOD DR.		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33417		CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNAPP, MICHAEL		NAME		
STREET ADDRESS	9115 HIGH POINT DR		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33403		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Claire Schrottenboer, Sr. Warden 3/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #