

**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 JAN 27 PM 4: 09

DOCUMENT # **N23096** (3)

1. Corporation Name  
**CHURCH OF THE HOLY SPIRIT**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**601 PHILIPPE PARKWAY** **601 PHILIPPE PARKWAY**  
**P.O. BOX 817** **P.O. BOX 817**  
**SAFETY HARBOR FL 34695-7817** **SAFETY HARBOR FL 34695-7817**

3. Date Incorporated or Qualified **10/20/1987** 3a. Date of Last Report **02/04/1994**  
4. FBI Number **59-2330398** 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. 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. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**THOMPSON & FOOTE, P.A.**  
**1130 CLEVELAND ST., STE. 270**  
**CLEARWATER FL 34615**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, ARTHUR R. (III)</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 817, NA</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLLARD, ELIZABETH</b>	2.2 NAME	
STREET ADDRESS	<b>121 HARBOR WOODS CIR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, ROBERT</b>	3.2 NAME	<b>Lehlbach, Lawrence</b>
STREET ADDRESS	<b>1400 OAK HAVEN DR</b>	3.3 STREET ADDRESS	<b>306 Hamilton</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>	3.4 CITY - ST - ZIP	<b>Safety Harbor, FL 34695</b>
TITLE	<b>SD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, RONALD</b>	4.2 NAME	<b>Victoria Beck</b>
STREET ADDRESS	<b>4765 LAKE VALENCIA BLVD</b>	4.3 STREET ADDRESS	<b>2845 Webley Dr.</b>
CITY - ST - ZIP	<b>PALM HARBOR FL</b>	4.4 CITY - ST - ZIP	<b>Largo, FL 34641</b>
TITLE	<b>TD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKEY, JOYCE</b>	5.2 NAME	<b>Charles F. Tooker</b>
STREET ADDRESS	<b>1441 OAK HAVEN DR</b>	5.3 STREET ADDRESS	<b>2009 Philippe Court</b>
CITY - ST - ZIP	<b>SAFETY HARBOR FL</b>	5.4 CITY - ST - ZIP	<b>Safety Harbor, FL 34695</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:  **Arthur R. Lee, III** January 23, 1995 (813-725-4726)