

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N23096** (3)
1. Corporation Name
CHURCH OF THE HOLY SPIRIT



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

3. Date Incorporated or Qualified: 10/20/1987
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: 59-2330398
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	LEE, ARTHUR R. (III)	
STREET ADDRESS	PO BOX 817, NA	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOLLARD, ELIZABETH	
STREET ADDRESS	121 HARBOR WOODS CIR	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEHLBACH, LAWRENCE	
STREET ADDRESS	306 HAMILTON	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BECK, VICTORIA	
STREET ADDRESS	2845 WEBLEY DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TOOKER, CHARLES F.	
STREET ADDRESS	2009 PHILIPPE COURT	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tooker, Charles F	
1.3 STREET ADDRESS	2009 Philippe Court	
1.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harper, Helene	
2.3 STREET ADDRESS	510 Shore Drive East	
2.4 CITY-ST-ZIP	Oldsmar, FL 34677	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Reed, Richard	
3.3 STREET ADDRESS	34 Turnstone Dr.	
3.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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		

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 3/4/96 DAYTIME PHONE #: 813-725-4726

CR2E037 (12/95)