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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34695-0817**

3. Date Incorporated or Qualified **10/20/1987** 3a. Date of Last Report **03/15/1996**

2. Principal Place of Business 21 601 Philippe Parkway	2a. Mailing Address 26 601 Philippe Parkway	4. FEI Number 59-2330398	Applied For <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Safety Harbor, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 34695-3148	Country 25 USA	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Zip 29		
	Country 30		

9. Name and Address of Current Registered Agent THOMPSON & FOOTE, P.A. 1130 CLEVELAND ST., STE. 270 CLEARWATER FL 34815		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE, ARTHUR R. (III)		1.2 NAME	
STREET ADDRESS PO BOX 817, NA		1.3 STREET ADDRESS	
CITY-ST-ZIP SAFETY HARBOR FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TOOKER, CHARLES F		2.2 NAME Janet Skibicki	
STREET ADDRESS 2009 PHILIPPE COURT		2.3 STREET ADDRESS 2625 Burntfork Drive	
CITY-ST-ZIP SAFETY HARBOR FL 34695		2.4 CITY-ST-ZIP Clearwater, FL 34621-4008	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARPER, HELENE		3.2 NAME Michael Wolfe	
STREET ADDRESS 510 SHORE DRIVE EAST		3.3 STREET ADDRESS 2408 Navarez Ave.	
CITY-ST-ZIP OLDSMAR FL 34877		3.4 CITY-ST-ZIP Safety Harbor, FL 34695-3163	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECK, VICTORIA		4.2 NAME	
STREET ADDRESS 2845 WEBLEY DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP LARGO FL		4.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REED, RICHARD		5.2 NAME Richard Jeffreys	
STREET ADDRESS 34 TURNSTONE DR.		5.3 STREET ADDRESS 2409 Dana Dr.	
CITY-ST-ZIP SAFETY HARBOR FL 34695		5.4 CITY-ST-ZIP Safety Harbor, FL 34695-5013	
TITLE	<input type="checkbox"/> DELETE	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 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: Arthur R. Lee, III 2/19/97 811-725-4726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069204

CFR2E037 (9/96)