

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 SAFETY HARBOR FL 34695-3149 US	Mailing Address 601 PHILIPPE PARKWAY P.O. BOX 817 SAFETY HARBOR FL 34695-7817
---------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified
10/20/1987

4. FEI Number
59-2330398

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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	SKIBICKI, JANET
STREET ADDRESS	2625 BURNTFORK DR
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WOLFE, MICHAEL
STREET ADDRESS	2408 NAVAREZ AVE
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BECK, VICTORIA
STREET ADDRESS	2845 WEBLEY DR.
CITY-ST-ZIP	LARGO FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	JEFFREYS, RICHARD
STREET ADDRESS	2409 DANA DR
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harrison, Vana
2.3 STREET ADDRESS	205 Jean Street
2.4 CITY-ST-ZIP	Palm Harbor, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lehlbach, Larry
3.3 STREET ADDRESS	306 Hamilton Avenue
3.4 CITY-ST-ZIP	Safety Harbor, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Smythe, Shirley
4.3 STREET ADDRESS	4862 Westchester Court
4.4 CITY-ST-ZIP	Oldsmar, FL
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	

14. 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 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 February 3/98 (813) 725-4726

CR2E037 (10/97)