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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23096

1. Corporation Name
CHURCH OF THE HOLY SPIRIT

Principal Place of Business 601 PHILIPPE PARKWAY SAFETY HARBOR FL 34695-3148 US	Mailing Address 601 PHILIPPE PARKWAY P.O. BOX 817 SAFETY HARBOR FL 34695-7817
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/20/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2330398
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C <input type="checkbox"/> DELETE	NAME LEE, ARTHUR R. (III)	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 817, NA	CITY-ST-ZIP SAFETY HARBOR FL	1.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME HARRISON, VANA	1.3 STREET ADDRESS	
STREET ADDRESS 205 JEAN STREET	CITY-ST-ZIP PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME LEHLBACH, LARY	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 306 HAMILTON AVENUE	CITY-ST-ZIP SAFETY HARBOR FL	2.2 NAME	
TITLE SD <input checked="" type="checkbox"/> DELETE	NAME SMYTHE, SHIRLEY	2.3 STREET ADDRESS	
STREET ADDRESS 4862 WESTCHESTER COURT	CITY-ST-ZIP OLDSMAR FL	2.4 CITY-ST-ZIP	
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME JEFFREYS, RICHARD	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2409 DANA DR	CITY-ST-ZIP SAFETY HARBOR FL	3.2 NAME LEHLBACH, LARRY	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME BECK, VICKIE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 806 BROOKSIDE DRIVE	CITY-ST-ZIP CLEARWATER, FL	4.2 NAME	
TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME HARPER, HELENE	4.3 STREET ADDRESS	
STREET ADDRESS 510 SHORE DRIVE EAST	CITY-ST-ZIP OLDSMAR, FL	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

January 26, 1999

(727) 725-4726

CR2E037 (11/98)