

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90203 007 ****61.25

DOCUMENT # N23096

1. Entity Name

CHURCH OF THE HOLY SPIRIT

Principal Place of Business

601 PHILIPPE PARKWAY
 SAFETY HARBOR FL 34695-3148
 US

Mailing Address

601 PHILIPPE PARKWAY
~~PO BOX 117X~~
 SAFETY HARBOR FL 34695-7817

2. Principal Place of Business

3. Mailing Address
 601 Philippe Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Safety Harbor, FL

Zip

Country

Zip
 34695-3148

Country

4. FEI Number

59-2685231
~~59-2330398~~

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON & FOOTE, P.A.
 1130 CLEVELAND ST., STE. 270
 CLEARWATER FL 34615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** Delete
 NAME **LEE, ARTHUR R. (III)**
 STREET ADDRESS **PO BOX 817, NA**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **M** Change Addition
 NAME **Drizd., Douglas**
 STREET ADDRESS **1887 Castle Woods Drive**
 CITY-ST-ZIP **Clearwater, FL 33759-1800**

TITLE **D** Delete
 NAME **HARPER, HELENE**
 STREET ADDRESS **510 SHORE DRIVE EAST**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** Change Addition
 NAME **Lehlbach, Bonnie**
 STREET ADDRESS **306 Hamilton Avenue**
 CITY-ST-ZIP **Safety Harbor, FL 34695-3213**

TITLE **D** Delete
 NAME **LEHLBACH, LARRY**
 STREET ADDRESS **306 HAMILTON AVENUE**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **SD** Change Addition
 NAME **Perry, Stephanie**
 STREET ADDRESS **#B, 2889 E. Bancroft Circle**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **SD** Delete
 NAME **SKINNER, FRANCES**
 STREET ADDRESS **1205 HUNTINGTON LANE**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **KNAPIK, DONALD F**
 STREET ADDRESS **3102 BISHOP DRIVE**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **TD** Change Addition
 NAME **Knapik, Donald F**
 STREET ADDRESS **3102 Bishop Drive**
 CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

DRIZD., DOUGLAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2001 (727) 571-8116

Date Daytime Phone #

CR2E037 (10/00)