

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23096

FILED
Apr 16, 2009
Secretary of State

Entity Name: CHURCH OF THE HOLY SPIRIT

Current Principal Place of Business:

601 PHILIPPE PARKWAY
SAFETY HARBOR, FL 346953148 US

New Principal Place of Business:

Current Mailing Address:

601 PHILIPPE PARKWAY
SAFETY HARBOR, FL 346953148

New Mailing Address:

601 PHILIPPE PARKWAY
SAFETY HARBOR, FL 346953148 US

FEI Number: 59-2685231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: SKIBICKI, VICTOR M MR
Address: 2625 BURNTFORK DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: BROWN, CHARLES MR.
Address: 1194 DARTFORD DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SD () Delete
Name: DRIZD, PEGGY MRS.
Address: 839 LUCAS LANE
City-St-Zip: OLDSMAR, FL 34677

Title: TD () Delete
Name: KNAPIK, DONALD F MR.
Address: 3113 STATE ROAD 580 LOT 80
City-St-Zip: SAFETY HARBOR, FL 34695

Title: C () Delete
Name: BONOAN, RAYNALD S REV.
Address: 18612 CHEMILLE DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOBBS, TERRY MR.
Address: 104 TANGLEWOOD CT.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYNALD S. BONOAN

REV

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date