

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23096

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC1919465667**

**Entity Name:** CHURCH OF THE HOLY SPIRIT

**Current Principal Place of Business:**

601 PHILIPPE PARKWAY  
SAFETY HARBOR, FL 34695-3148

**Current Mailing Address:**

601 PHILIPPE PARKWAY  
SAFETY HARBOR, FL 34695-3148 US

**FEI Number:** 59-2685231

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title M  
Name SKIBICKI, VICTOR MR  
Address 2625 BURNTFORK DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title JUNIOR WARDEN  
Name MIKE, FINEO  
Address 921 KINGSCOTE CT.  
City-State-Zip: SAFETY HARBOR FL 34695

Title SECRETARY  
Name BROWN, MARGARET  
Address 1305 WOODCREST AVENUE  
City-State-Zip: SAFETY HARBOR FL 34695

Title TREASURER  
Name BROWN, PHIL  
Address 1116 BRAMBLEWOOD DRIVE  
City-State-Zip: SAFETY HARBOR FL 34695

Title C  
Name BONOAN, RAYNALD SREV.  
Address 18612 CHEMILLE DR  
City-State-Zip: LUTZ FL 33549

*I hereby 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 all other like empowered.*

**SIGNATURE:** PHIL BROWN

**TREASURER**

**03/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date