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: ROSEMARY HABERLE

I

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Title	MRS	Title	TREASURER
Name	DEMIS, BARBARA	Name	HABERLE, ROSEMARY
Address	915 BECKLEY DR	Address	5013 BELLA TERRA DRIVE
City-State-Zip:	VENICE FL 34292	City-State-Zip:	VENICE FL 34293
Title	MS	Title	MR.
Title Name	MS MORRIS, LYNNE M	Title Name	MR. CONSTANT, JEFF

## **Officer/Director Detail :**

5013 BELLA TERRA DRIVE VENICE, FL 34293 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 Fl	lorida.
SIGNATURE: ROSEMARY HABERLE	04/

## **Current Mailing Address:**

VENICE, FL 34293 US

### FEI Number: 65-0082873

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

HABERLE, ROSEMARY 5013 E VENIC

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N28088

Entity Name: THE HOLY SPIRIT ORTHODOX CHURCH, INC.

### **Current Principal Place of Business:**

700 SHAMROCK BLVD VENICE, FL 34293

700 SHAMROCK BLVD

# Certificate of Status Desired: No

FILED Apr 10, 2013 Secretary of State CC6974671610

> 04/10/2013 Date

04/10/2013 Date

TREASURER