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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726457** **(5)**

1. Corporation Name

SHRINE OF THE HOLY SPIRIT, INCORPORATED

Principal Place of Business	Mailing Address
% REV. JOHN J. BURNS 19255 CAMPGROUND RD BROOKSVILLE FL 34601	% REV. JOHN J. BURNS 19255 CAMPGROUND RD BROOKSVILLE FL 34601-8607

3. Date Incorporated or Qualified: 05/21/1973
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 23-7287115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BURNS, JOHN J.
19287 CAMPGROUND ROAD
BROOKSVILLE FL 34601

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

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, MARY JANE		1.2 NAME		
STREET ADDRESS	19287 CAMPGROUD RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAYNARD, OWEN F.		2.2 NAME		
STREET ADDRESS	6215 FLORIDA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, JOHN J.		3.2 NAME		
STREET ADDRESS	19287 CAMPGROUND RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHATLEY, DALE		4.2 NAME		
STREET ADDRESS	19460 MCCLOY CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CADOTTE, DUANE F.		5.2 NAME		
STREET ADDRESS	24381 AUDUBON DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MILLIRONS, VARIAN		6.2 NAME		
STREET ADDRESS	24381 AUDUBON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [illegible] (352) 796-4588