FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

SHRINE OF THE HOLY SPIRIT, INCORPORATED

FILED Mar 09 1998 8:00am Secretary of State

D T**radisi dang alawa dang dang b**alah **alawa dan**a alawa **dang dang dan**g dang dang dang dang dang

	· · · · · · · · · · · · · · · · · · ·		6.4						1] (00/11 10/10 1/10/0 #1) (4/4/# #1) 1/4/ #1/0/ #1/0/			
Principal Place of Business ** REV. JOHN J. BURNS 19255 CAMPOROUND RD BROOKSVILLE FL \$4601				Mailing Address % REV. JOHN J. BURNS 19255 CAMPOROUND RD BROOKSVILLE FL 34801						7 145111 15612 11515 61111 6161 61111 1561 61611 6161		14(1 216() 4(4)(166(
								3. Date Incorporated or Qualified 05/21/1973					
								4.	. FEI Number	Applied For			
									<u> </u>	<u> 23-7287115</u>		Not Applicable	
2. 21	Principal Place of Business				2a. Mailing Address 26				5.	. Certificate of Status Desired		75 Additional e Required	
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	City & State			City & State			7. Is this nonprofit corporation a homeowners association? Yes No						
24	Zip	25	Country	29	Zip	30 Cot	ıntry	,	8.	. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent yea] Yes	r Intangible No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
	DI IDAIO IOLIA I						81		·				
19287 CAMPGROUND ROAD						82 Street Address (P.O. Box Number Is Not Acceptable)							
BROOKSVILLE FL 34601													

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.

agon	and television and a decopi are obligations	01, 0000011 0 11 10000, 1 10	mod blatatoo.			
SIGNATURE	Signature, typed or printed name of registered agent and to	lle if englischie (NOT	E: Registered Agent signatur	e required when reinstating) DATE		
12,	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	IS IN 12
TITLE	D	DELETE	1.1 TITLE	₹/A.	Change	Addition
NAME	BURNS, MARY JANE		1.2 NAME	Kenneth Bruer, Kenneth	_ •	•
STREET ADDRESS	19287 CAMPGROUD RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601		
TITLE	VP	DELETE	2.1 TITLE	_	☐ Change	Addition
NAME	BAYNARD, OWEN F.		2.2 NAME	AL PARISH, AL	_ •	_
STREET ADDRESS	6215 FLORIDA AVE		2.3 STREET ADDRESS	98 THROCKIAE IT.		
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-ST-ZIP	BROOKSOICE, PL 34601		
TITLE	PD	☐ DELETE	3.1 TITLE		Change	★ Addition
NAME	Burns, John J.		3.2 NAME	TRICKEY DRUMMOND, MICHEY		• •
STREET ADDRESS	19287 CAMPGROUND RD		3.3 STREET ADDRESS	7291 DUBLIN RO.		
CITY-ST-ZIP	BROOKSVILLE FL		3.4. CITY-ST-ZIP	BROOKSVILLE, FL 34601	•	
TITLE	<u>ST</u>	DELETE	4.1 TITLE		Change	Addition
NAME	WHATLEY, DALE	* *	4. 2 NAME	BUGGAE RONIN, EUGENG		
STREET ADDRESS	19460 MCCLOY CIRCLE		4.3 STREET ADDRESS	EUGENE RONIN, EUGENA 5130 CEPRA LANE		
CITY-ST-ZIP	B ROOKSVILLE FL		4.4 CITY - ST - ZIP	BROOKSEILLE, PL 34601		
TITLE	V p	DELETE	5.1 TITLE	15. P. D	Change	Addition
NAME	CADOTTE, DUANE F.		5.2 NAME	CAPOTTE, DUANG F. 24381 AUDUGOS DA.		
STREET ADDRESS	24381 AUDUBON DR		5.3 STREET ADDRESS	24381 AUDHOOD DA.		
CITY-ST-ZIP	B ROOKSVILLE FL		5.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601		
TITLE	0	DELETE	6.1 TITLE	STO	Change	Addition Addition
NAME	MILLIRONS, VARIAN		6.2 NAME			
STREET ADDRESS	24381 AUDUBON DR		6.3 STREET ADDRESS	WHATEST, DALE 24380 KAUPMAS RD.		
CITY-ST-ZIP	Brooksville fl		6.4 CITY-ST-ZIP	BROOKEVILLE, PL 3460/		

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 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.

(213) 774-1520