

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra P. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **740794** (3)

1. Corporation Name

HOLY SPIRIT ANGLICAN CHURCH, INC.

Principal Place of Business

Mailing Address

3066 DREW WAY
WEST PALM BEACH FL 33406
US3066 DREW WAY
WEST PALM BEACH FL 33406-7634
US3. Date Incorporated or Qualified
11/17/19773a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 **3066 Drew Way**26 **3066 Drew Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **N/A**27 **N/A**

City & State

City & State

23 **WestPalmBeach**28 **West Palm Beach**

Zip

Country

Zip

Country

24 **33406**25 **Palm Beach 33406**29 **Palm Beach**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACOUR, EDWARD E
249 TAMOSHANTER DR
PALM SPGS FL 33461

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LACOUR, EDWARD E	President
STREET ADDRESS	249 TAMOSHANTER DR	
CITY - ST - ZIP	PALM SPGS, FL 00000	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, RUTH T.	Vice President
STREET ADDRESS	7415 CLARKE ROAD	
CITY - ST - ZIP	WEST PALM BEACH F	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMICHAEL, GEORGE	
STREET ADDRESS	324 SUMMA STREET	
CITY - ST - ZIP	WEST PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CICALA, FRED	Director
STREET ADDRESS	1406 OCEAN DUNES CIRCLE	
CITY - ST - ZIP	JUPITER FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	COSTANZO, CHRISTOPHER	Trustee & Director
STREET ADDRESS	12344 QUERCUS LANE	
CITY - ST - ZIP	WELLINGTON FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Dora A. Pinto Secretary
3.3 STREET ADDRESS	336 Pinehurst
3.4 CITY - ST - ZIP	Palm Springs, FL 33461

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Evelyn Hartmann
6.3 STREET ADDRESS	3065 Martin Ave
6.4 CITY - ST - ZIP	Green Acres, FL 33463

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: *Ethan La Cour* Ethan La Cour President 011597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040203

CR2E037 (9/96)