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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90078 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740794

1. Corporation Name

Holy Spirit Anglican Church AKA Holy Spirit  
Anglo Catholic

Principal Place of Business

Mailing Address

3066 Drew Way  
West Palm Beach, FL 33406-7634

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/17/77
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1850693
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

La Cour, Edward E.  
249 Tamoshanter Drive  
Palm Springs, FL 33461-1906

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	La Cour, Edward E.	1.2 NAME	
STREET ADDRESS	249 Tamoshanter Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Springs, FL 33461-1906	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher B. Costanzo	2.2 NAME	
STREET ADDRESS	12344 Quercus Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Bieluch	3.2 NAME	
STREET ADDRESS	7620 Clarke Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33406	3.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dora A. Pinto	4.2 NAME	
STREET ADDRESS	336 Pinehurst Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Springs, FL 33461	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Mappa	5.2 NAME	
STREET ADDRESS	3072 Martin Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	Green Acres, FL 33463	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn Hartmann	6.2 NAME	
STREET ADDRESS	3065 Martin Ave	6.3 STREET ADDRESS	
CITY-ST-ZIP	Green Acres, FL 33463	6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: *Edward E. La Cour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Edward E. La Cour

February 09, 1999

Date Daytime Phone #

CR2E037 (11/98)