

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740794

1. Entity Name

HOLY SPIRIT ANGLICAN CHURCH, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90178 014 \*\*\*\*61.25

Principal Place of Business

3066 DREW WAY  
WEST PALM BEACH FL 33406  
US

Mailing Address

3066 DREW WAY  
WEST PALM BEACH FL 33406-7634  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1850693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACOUR, EDWARD E  
249 TAMOSHANTER DR  
PALM SPGS FL 33461

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Edward Ethan La Cour**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LACOUR, EDWARD E	
STREET ADDRESS	249 TAMOSHANTER DR	
CITY-ST-ZIP	PALM SPGS, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALDRICH, HENRY	
STREET ADDRESS	7004 SE BUNKERHILL DR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PINTO, DORA A.	
STREET ADDRESS	336 PINEHURST	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CICALA, FRED	
STREET ADDRESS	1406 OCEAN DUNES CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTANZO, CHRISTOPHER	
STREET ADDRESS	12344 QUERCUS LANE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTMANN, EVELYN	
STREET ADDRESS	3065 MARTIN AVE.	
CITY-ST-ZIP	GREEN ACRES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costanzo, Christopher	
STREET ADDRESS	12344 Quercus Lane	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

021400

Date

561-965-2011

Daytime Phone #

CR2E037 (9/99)