

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740794

1. Entity Name

HOLY SPIRIT ANGLICAN CHURCH, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90186 035 ****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
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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LACOUR, EDWARD E
249 TAMOSHANTER DR
PALM SPGS FL 33461

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME LACOUR, EDWARD E
STREET ADDRESS 249 TAMOSHANTER DR
CITY-ST-ZIP PALM SPGS, FL 00000

TITLE VP ☐ Delete
NAME COSTANZO, CHRISTOPHER
STREET ADDRESS 12344 QUERCUS LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE TD ☐ Delete
NAME PINTO, DORA A.
STREET ADDRESS 336 PINEHURST
CITY-ST-ZIP PALM SPRINGS FL

TITLE D ☐ Delete
NAME CICALA, FRED
STREET ADDRESS 1406 OCEAN DUNES CIRCLE
CITY-ST-ZIP JUPITER FL

TITLE D ☐ Delete
NAME COSTANZO, CHRISTOPHER
STREET ADDRESS 12344 QUERCUS LANE
CITY-ST-ZIP WELLINGTON FL

TITLE D ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 E. Lacour*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2001

Date

561/641-0082

Daytime Phone #

CR2E037 (10/00)