

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90014 013 \*\*\*\*61.25

**DOCUMENT # 740794**

1. Entity Name

**HOLY SPIRIT ANGLICAN CHURCH, INC.**

Principal Place of Business

Mailing Address

**3066 DREW WAY  
 WEST PALM BEACH FL 33406  
 US**

**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

**Palm Springs, FL**

4. FEI Number

**59-1850693**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33406-7634**

**USA**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **Costanzo, Christopher**  
 STREET ADDRESS **244 Woodlands Road**  
 CITY-ST-ZIP **Palm Springs, FL 33461**

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

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

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

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

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **Bieluch, Lynn**  
 STREET ADDRESS **7640 Clarke Rd**  
 CITY-ST-ZIP **West Palm Beach FL 33406**

TITLE **D** ☐ Delete  
 NAME **HARTMANN, EVELYN**  
 STREET ADDRESS **3065 MARTIN AVE.**  
 CITY-ST-ZIP **GREEN ACRES FL**

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. La Cour** (Edward E. La Cour) 0225 561/641-0082

CF2E037 (9/01)