

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90097 034 ****61.25

DOCUMENT # 740794

1. Entity Name

HOLY SPIRIT ANGLICAN CHURCH, INC.



Principal Place of Business

3066 DREW WAY
PALM SPRINGS, FL 33406
US

Mailing Address

3066 DREW WAY
PALM SPRINGS FL 33406-7634
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edward E. 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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LACOUR, EDWARD E**
STREET ADDRESS **249 TAMOSHANTER DR**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **VP** ☐ Delete
NAME **COSTANZO, CHRISTOPHER**
STREET ADDRESS **410 86TH TERR SOUTH**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **TD** ☐ Delete
NAME **PINTO, DORA A.**
STREET ADDRESS **336 PINEHURST**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **VP** ☐ Delete
NAME **BIELUCH, LYNN**
STREET ADDRESS **1406 OCEAN DUNES CIRCLE**
CITY-ST-ZIP **LAKE CLARKE SHORES FL 33406**

TITLE **D** ☒ Delete
NAME **MAPPA, ELIZABETH**
STREET ADDRESS **3072 MARTIN AVE**
CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE **D** ☒ Delete
NAME **CICALA, FRED**
STREET ADDRESS **10807 SE SEA PINES CIRCLE**
CITY-ST-ZIP **HOBBS BEACH FL 33455**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Kathleen Smith**
STREET ADDRESS **1309 Crestwood Blvd.**
CITY-ST-ZIP **Lake Worth, FL 33460**

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

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

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

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

TITLE **D** ☐ Change ☐ Addition
NAME **Cicala, Fred**
STREET ADDRESS **10807 SE Sea Pines Circle**
CITY-ST-ZIP **Hobe Sound, FL 33455-6420**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 19, 2005 561/358-2818

Date

Daytime Phone #