2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 740794

Entity Name: HOLY SPIRIT ANGLICAN CHURCH, INC.

Current Principal Place of Business:

3066 DREW WAY
PALM SPRINGS,, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

3066 DREW WAY
PALM SPRINGS, FL 334067634 US

New Mailing Address:

FEI Number: 59-1850693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACOUR, EDWARD E
249 TAMOSHANTER DR
PALM SPGS, FL 33461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LACOUR, EDWARD E	
Address:	249 TAMOSHANTER DR	
City-St-Zip:	PALM SPRINGS, FL 33461 US	
Title:	VP	( ) Delete
Name:	COSTANZO, CHRISTOPHER	
Address:	7731 PINETREE LANE	
City-St-Zip:	WEST PALM BEACH,, FL 33406 US	
Title:	T	( ) Delete
Name:	MANDELL, JOHN	
Address:	2004 N.W. 22ND STREET	
City-St-Zip:	BOYNTON BEACH, FL 33436 US	
Title:	VEST	( ) Delete
Name:	SARGENT, GRETCHEN	
Address:	1210 COCTAW ST	
City-St-Zip:	JUPITER, FL 33458 US	
Title:	D	( ) Delete
Name:	AMASON, DAVID	
Address:	328 EAST LAKEWOOD RD	
City-St-Zip:	WEST PALM BEACH, FL 33405 US	
Title:	S	( ) Delete
Name:	AMASON, JULIE	
Address:	328 EAST LAKEWOOD RD	
City-St-Zip:	WEST PALM BEACH, FL 33405 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID AMASON D 04/24/2009

Electronic Signature of Signing Officer or Director — Date