

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90205 002 \*\*\*\*61.25

**DOCUMENT # 740794**

1. Entity Name

**HOLY SPIRIT ANGLICAN CHURCH, INC.**



Principal Place of Business

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

Mailing Address

**3066 DREW WAY  
PALM SPRINGS 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**

☐ CHECK HERE IF MAKING CHANGES



**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

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  
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**

TITLE **VP** ☐ Delete  
NAME **COSTANZO, CHRISTOPHER**  
STREET ADDRESS **244 WOODLANDS RD**  
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 **D** ☐ Delete  
NAME **CICALA, FRED**  
STREET ADDRESS **1406 OCEAN DUNES CIRCLE**  
CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ Delete  
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**

**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  
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CITY-ST-ZIP

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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: *[Signature]*

*April 28, 2003 511641-0030*

CR2E037 (10/02)