

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758198

FILED
Apr 28, 2006
Secretary of State

Entity Name: CHURCH OF THE HOLY SPIRIT OF OSPREY, INC.

Current Principal Place of Business:

129 S. TAMIAMI TRAIL
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

129 S. TAMIAMI TRAIL
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 59-2131517 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWIS, SHARON L REV.
526 CASAS BONITAS DRIVE
NOKOMIS, FL 34275 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: DV () Delete
Name: HOPPER, LATHAM
Address: 1257 AJEB ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: GORDON, VICKI
Address: 6950 WOODWIN DR
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: KREIDLER, SANDRA
Address: 2954 BOUGAINVILLEA ST.
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: NELSON, HEIDS
Address: 703 WOO BURN ST
City-St-Zip: SARASOTA, FL 34243

Title: DP () Delete
Name: LEWIS, SHARON L REV
Address: 526 CASA BONITAS DR.
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: TURNER, ROBERT
Address: 6110 MYAKKA VALLEY TRAIL
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: LATHAM, HOMER
Address: 1257 AKEN ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change () Addition
Name: BLANDFORD, VICKI
Address: 6950 WOODWIND DR
City-St-Zip: SARASOTA, FL 34231

Title: T (X) Change () Addition
Name: SHELTON, JOHN
Address: 6354 STURBRIDGE CT.
City-St-Zip: SARASOTA, FL 34238

Title: D (X) Change () Addition
Name: NELSON, HEIDI
Address: 703 WEE BURN ST
City-St-Zip: SARASOTA, FL 34243

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

Title: D (X) Change () Addition
Name: RAY, CHERYL
Address: 1492 MARICOPA RD.
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON L. LEWIS, RECTOR

REV.

04/28/2006

Electronic Signature of Signing Officer or Director

Date