

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758198

FILED
Apr 14, 2009
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: REGISTER, ALLEN
Address: PO BOX 248
City-St-Zip: PALMDALE, FL 34275

Title: T () Delete
Name: BLANDFORD, VICKI
Address: 6950 WOODWIND DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: KANGALOC, LAMIE
Address: 5315 BERT OAK DRIVE
City-St-Zip: SARASOTA, FL 34232

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

Title: D () Delete
Name: GAVIN, KELLY
Address: 6435 EGRET LANE #408
City-St-Zip: BRADENTON, FL 34210

Title: D () Delete
Name: HAGERMAN, ROBERT
Address: 1609 DONA BAY DRIVE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: KOACH, MARILYNN
Address: 4855 KESTRAL PARK WAY N.
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Change () Addition
Name: GORDON, BEAUBIEN JR
Address: 534 PINE RANCH E RD
City-St-Zip: OSPREY, FL 34229

Title: T (X) Change () Addition
Name: OBRIEN, KAREN
Address: 4933 NUTMEG AVE
City-St-Zip: SARASOTA, FL 34231

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

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

Title: D (X) Change () Addition
Name: HAGEMANN, ROBERT
Address: 1609 DONA BAY DRIVE
City-St-Zip: NOKOMIS, FL 34275

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: KAREN O'BRIEN

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date