

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758198

**FILED**  
**Mar 16, 2012**  
**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:**

KOACH, MARILYNN  
4855 KESTRAL PARK WAY N.  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

TODD, MICHAEL  
1687 BROOKHOUSE CIR  
BR222  
SARASOTA, FL 34231 US

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:** MICHAEL TODD

03/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** TODD, MICHAEL  
**Address:** 1687 BROOKHOUSE CIR  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** DV  
**Name:** SHELTON, JOHN O  
**Address:** 6354 STURBRIDGE COURT  
**City-St-Zip:** SARASOTA, FL 34238

**Title:** T  
**Name:** DOLAN, KAREN O  
**Address:** 4939 NUTMEG AVE  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** D  
**Name:** REGISTER, PATTY  
**Address:** 6180 US HWY 27  
**City-St-Zip:** PALMDALE, FL 33944

**Title:** DS  
**Name:** HANSEN, LORRIE  
**Address:** 1236 CAPRI ISLES BLVD  
**City-St-Zip:** VENICE, FL 34292

**Title:** D  
**Name:** HAEFFNER, ANNA  
**Address:** 3377 BEE RIDGE RD  
**City-St-Zip:** SARASOTA, FL 34239

I hereby 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 all other like empowered.

**SIGNATURE:** KAREN OBRIEN DOLAN

TREA

03/16/2012

Electronic Signature of Signing Officer or Director

Date