2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# N03000005151

Entity Name: HOLY SPIRIT ECUMENICAL CATHOLIC CHURCH, INC.

Current Principal Place of Business:

3925 ERNE STREET
PALM HARBOR, FL 346831706

New Principal Place of Business:

3925 ERNE STREET
PALM HARBOR, FL 346831706 US

Current Mailing Address:

P.O. BOX 15157
CLEARWATER, FL 337665157

New Mailing Address:

P.O. BOX 15157
CLEARWATER, FL 337665157 US

FEI Number: 56-2368501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSCZEWSKI, STEVEN M
3925 ERNE STREET
PALM HARBOR, FL 346831706

Name and Address of New Registered Agent:

ROSCZEWSKI, STEVEN M REV.
3925 ERNE STREET
PALM HARBOR, FL 346831706 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: REV. FR. STEVEN M. ROSCZEWSKI 01/10/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ASSELTA, ANTHONY
Address: 6910 INTERBAY BLVD. #37
City-St-Zip: TAMPA, FL 33616

Title: D ( ) Delete
Name: ISACCO, JEANNE
Address: 1847 BONITA WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete
Name: COLLINS, MARY
Address: 5901 ESTES LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY COLLINS D 01/10/2004
Electronic Signature of Signing Officer or Director Date