

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010720

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: HOLY SPIRIT CHURCH, INC.

**Current Principal Place of Business:**

2984 WELLINGTON CIRCLE WEST  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

2763 CAPITAL CIRCLE, NE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2984 WELLINGTON CIRCLE WEST  
TALLAHASSEE, FL 32309

**New Mailing Address:**

2763 CAPITAL CIRCLE, NE  
TALLAHASSEE, FL 32308

FEI Number: 01-0805487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARGROVE, BRANT  
2984 WELLINGTON CIRCLE WEST  
TALLAHASSEE, FL 32309 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: PRES ( ) Delete  
Name: HARGROVE, BRANT  
Address: 2984 WELLINGTON CIRCLE WEST  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP ( ) Delete  
Name: BABCOCK, LYMAN  
Address: 1500 LOCHINVAR LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: S/T ( ) Delete  
Name: STINSON, STEVE  
Address: 5494 CHARLES SAMUEL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

**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: BRANT HARGROVE

PRES

03/03/2005

Electronic Signature of Signing Officer or Director

Date