FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:56

DOCUMENT # N15397 (5)

1. Corporation Name
HOLY SPIRIT LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
13301 ELLISON WILSON RD JUNO BEACH FL 33408-9160	13301 ELLISON WILSON RD JUNO BEACH FL 33408-9160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1986
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2586512 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MAIER, STEFAN
6625 66TH WAY
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name: Phil Gatlin
82 Street Address (P.O. Box Number is Not Acceptable)
83: 10162 Dogwood Avenue
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 1/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAIER, STEFAN	1.2 NAME	Phil Gatlin	
STREET ADDRESS	6625 66TH WAY	1.3 STREET ADDRESS	10162 Dogwood Avenue	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GIFFIN, DIANE	2.2 NAME	Barbara Newell	
STREET ADDRESS	15300 PALMWOOD RD	2.3 STREET ADDRESS	709 Nighthawk Way	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	LAVEN, AUDREY	3.2 NAME		
STREET ADDRESS	8687 SE ANTIGUA WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	TALO, MAURICE	4.2 NAME	Rick Sartory	
STREET ADDRESS	161 HAMPTON PL	4.3 STREET ADDRESS	813 8th Terrace	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Phil Gatlin 1/22/95 407-796-3492
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

004000