## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N23096

FILED Apr 18, 2007 Secretary of State

Entity Name: CHURCH OF THE HOLY SPIRIT

Current Principal Place of Business:			New Principal Place of Business:	
	PPE PARKWA HARBOR, FL 3			
Current Mailing Address:			New Mailing Address:	
	PPE PARKWA HARBOR, FL 3			
FEI Number	: 59-2685231	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1130 CLE CLEARW, The above	ON & FOOTE, F VELAND ST., S ATER, FL 3461 e named entity s e of Florida.	RTE. 270 15 US	ourpose of changing	ts registered office or registered agent, or both,
n ine Siai	e or Fiorida.			
CONTACTO				
SIGNATU	RE:	ic Signature of Registered Age	ent	 Date
	RE:	ic Signature of Registered Age		Date IS/CHANGES TO OFFICERS AND DIRECTOR:
OFFICER Fitle: Name: Address:	RE: Electron	TORS:  Delete OR M MR RK DRIVE		
OFFICER  Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	RE: Electron  S AND DIREC  M ()  SKIBICKI, VICT 2625 BURNTFC CLEARWATER,	Delete OR M MR ORK DRIVE FL 33761  Delete LES R MR. RD DRIVE	ADDITION Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR
	Electron  S AND DIRECT  M () SKIBICKI, VICT 2625 BURNTFC CLEARWATER, D () BROWN, CHAR 1194 DARTFOR TARPON SPRIN	Delete OR M MR PRK DRIVE FL 33761  Delete LES R MR. RD DRIVE IGS, FL 34688  Delete MR. ST DRIVE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change ( ) Addition  D (X) Change ( ) Addition  MCGARRACH, RON MR. 364 GLOUSTER
OFFICER  Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	Electron  S AND DIREC  M ()  SKIBICKI, VICT 2625 BURNTFC CLEARWATER,  D ()  BROWN, CHAR 1194 DARTFOR TARPON SPRIN  SD () FAY, MICHAEL 1818 OAKCRES OLDSMAR, FL  TD () KNAPIK, DONAI	Delete OR M MR ORK DRIVE FL 33761  Delete LES R MR. RD DRIVE IGS, FL 34688  Delete MR. ST DRIVE 34695  Delete LD F MR. DAD 580 LOT 80	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D (X) Change ( ) Addition  D (X) Change ( ) Addition  MCGARRACH, RON MR. 364 GLOUSTER SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR SKIBICKI D 04/18/2007