

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90001 036 ****61.25

DOCUMENT # N95000002878

1. Corporation Name

CHURCH OF THE SPIRIT, INTERNATIONAL INC.

Principal Place of Business

1550 N FEDERAL HWY
SUITE 16
BOYNTON BCH FL 33435
US

Mailing Address

1 C CROSSING CIRCLE
BOYNTON BEACH FL 33435



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/14/1995

4. FEI Number
65-0285323

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COLEMAN, ALLEAN
1 C CROSSING CIRCLE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE UD ☐ DELETE
NAME FREDERICK, ELAINE
STREET ADDRESS 1736 LAKE WORTH ROAD #3
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE TD ☐ DELETE
NAME PARKER, ZELDA
STREET ADDRESS 212 S.W. 11TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE UD ☐ DELETE
NAME COLEMAN, ALLEAN
STREET ADDRESS 1716 2ND AVENUE NORTH, #10
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE TD ☐ DELETE
NAME COVIN, SHARON
STREET ADDRESS 2181 N.W. 27TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE STD ☐ DELETE
NAME BLACKMAN, SANDRA
STREET ADDRESS 2840 N.W. 24TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Elaine Frederick ☒ Change ☐ Addition
1.2 NAME 5553 Barnstead Circle
1.3 STREET ADDRESS Lake Worth, FL 33461
1.4 CITY-ST-ZIP

2.1 TITLE Zelda Parker ☒ Change ☐ Addition
2.2 NAME 3301 Avenue Villandry
2.3 STREET ADDRESS Delray Beach, FL 33445
2.4 CITY-ST-ZIP

3.1 TITLE Allean Coleman ☒ Change ☐ Addition
3.2 NAME 1-c Crossing Circle
3.3 STREET ADDRESS Boynton Beach, FL 33435
3.4 CITY-ST-ZIP

4.1 TITLE Patricia Huck ☐ Change ☒ Addition
4.2 NAME 4731 NW 10th Court Treasurer
4.3 STREET ADDRESS #304 Plantation, FL 33313
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)