FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 30 1998 8:00am Secretary of State

DOCUI	MENT # N9700	0001980 (8)			
CHURCH OF THE DEVINE HOLY SPIRIT OF BREVARD COUN					
TY, INC.					
Principal Place	e of Business	Mailing Address			
95 LAKEVIEW AVENUE TITUSVILLE FL 32796		95 LAKEVIEW AVENUE TITUSVILLE FL 32796		3. Date Incorporated or Qualified	
				04/07/1997 4. FEI Number Applied For	
				APPLIED FOR Not Applicable	
2. Principal P	ace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional	
21		26		Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
City & State	9	City & State		Trust Fund Contribution	
23		28		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
BI Name CONNIET UNDERWOOD					
UNDERWOOD, CINDLE ANN 82 Street Address (P				Address (P.O. Box Number is Not Acceptable)	
95 LAKEVIEW AVENUE				······································	
TITUSVILLE FL 32796			83 95	LAKEUIEW AUT	
			84 City	85 Zip Code	
7, tusville FL 32796					
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.					
	m tamiliar with, and accept the obliga	1. 18 low	ida Statutes.	1/15/100	
SIGNATURE	Signature, typed or printed name of registered age	MUNICADIE. (NOTE I	Registered Agent s-gnature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	▼ DELETE	1.1 TITLE	D Change 🔀 Addition	
NAME	UNDERWOOD, CINDIE ANN		1.2 NAME	THAXTON, JESSIE MARIE	
STREET ADDRESS	95 LAKEVIEW AVENUE		1.3 STREET ADDRESS	Rt 1, Box 412A	
CITY-ST-ZIP	TITUSVILLE FL 32796	- Deter	1.4 CITY - ST - ZIP	Ob 1 *** 05210	
TITLE	D CANDEDWOOD CAONS D	☐ DELETE	2.1 TITLE	Charles Con, WV 25312 Change Addition	
NAME	UNDERWOOD, CAGNY B	. 000	2.2 NAME		
STREET ADDRESS	3311 COTTON MILL DR., APT RALEIGH NC 27812	. 203	2.3 STREET ADDRESS		
CITY-ST-ZIP	D PALEIGH NO 27012	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	DCTD Addition	
NAME I	UNDERWOOD, CONNIE		3.2 NAME	PSTD Ladoliton	
STREET ADDRESS	95 LAKEVIEW AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	F		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	Change Addition	
TIFLE		וויי סנונונ	6.1 TITLE 6.2 NAME	Change Auditori	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET RUPRESS			0.0 STREET AUDRESS		

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.

SIGNATURE:

enni Ilmi

1/15/48

427-267-0787