

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000012129

**Entity Name:** HOLY SPIRIT BAPTIST CHURCH, INC

**Current Principal Place of Business:**

117 W. 10TH STREET  
APOPKA, FL 32703

**Current Mailing Address:**

820 E ORANGE ST  
APOPKA, FL 32703

**FEI Number:** 46-0664193

**Certificate of Status Desired:** No

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

SAUERS, LOREN E  
820 E ORANGE ST  
APOPKA, FL 32703 US

*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

**Officer/Director Detail :**

|                 |                     |                 |                    |
|-----------------|---------------------|-----------------|--------------------|
| Title           | P                   | Title           | VP                 |
| Name            | ALCIUS, VILIERE     | Name            | DINA, ALCIUS       |
| Address         | 117 W. 10TH STREET  | Address         | 117 W. 10TH STREET |
| City-State-Zip: | APOPKA FL 32703     | City-State-Zip: | APOPKA FL 32703    |
|                 |                     |                 |                    |
| Title           | TD                  | Title           | SEC                |
| Name            | ANSWER-PRAY, ALCIUS | Name            | SAUERS, LOREN E    |
| Address         | 117 W. 10TH STREET  | Address         | 820 E ORANGE ST    |
| City-State-Zip: | APOPKA FL 32703     | City-State-Zip: | APOPKA FL 32703    |
|                 |                     |                 |                    |
| Title           | DIR                 |                 |                    |
| Name            | SMITH, TOBY         |                 |                    |
| Address         | 1451 HOLLYHOCK CIR  |                 |                    |
| City-State-Zip: | APOPKA FL 32703     |                 |                    |

*I hereby 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 all other like empowered.*

**SIGNATURE:** VILIERE ALCIUS

P

01/03/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date