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

APPROVED AND FILED

95 APR 26 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769940** **(8)**

1. Corporation Name

ST. MARGARET'S EPISCOPAL CHURCH OF INVERNESS, FL ORIDA, INC.

Principal Place of Business	Mailing Address
114 NO. OSCEOLA AVE. INVERNESS FL 34450 US	114 NO. OSCEOLA AVE. INVERNESS FL 34450 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1963
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1993400 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

JOYNER, RAYBURN N.
SKYE DRIVE
INVERNESS FL 32650

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MD	11 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JIM	12 NAME		
STREET ADDRESS	522 POPLAR ST	13 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	CATER, FRANCES	22 NAME		
STREET ADDRESS	2938 S SKYLINE DR	23 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	JONES, PAM	32 NAME		
STREET ADDRESS	6157 E CARMEL LANE	33 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GLENN, DORIS	42 NAME		
STREET ADDRESS	9405 E MOON RIVER CT	43 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 00000	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	TD	☒ Change ☐ Addition
NAME	JOHNSON, MERILYN S.	52 NAME	JOHNSON, MERILYN S.	
STREET ADDRESS	~~RT 2 BOX 578~~	53 STREET ADDRESS	4195 CR 575	
CITY-ST-ZIP	BUSHNELL FL	54 CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	~~BANNING, BRUCE~~	62 NAME	LEO ESTRELLA	
STREET ADDRESS	~~1130 TRAIL RIDGE~~	63 STREET ADDRESS	3122 S BAYBERRY PT	
CITY-ST-ZIP	~~INVERNESS FL~~	64 CITY-ST-ZIP	INVERNESS, FL 34450	

JR 5/16

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: Merilyn S Johnson TD — 4-21-95 — (904) 726-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MERILYN S JOHNSON

084017