

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90090 002 \*\*\*\*61.25

**DOCUMENT # 769940**

1. Entity Name

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

Principal Place of Business

**114 NO. OSCEOLA AVE.  
INVERNESS FL 34450  
US**

Mailing Address

**114 NO. OSCEOLA AVE.  
INVERNESS FL 34450  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1993400**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, JOAN E  
114 N. OSCEOLA AVE.  
INVERNESS FL 34450**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☒ Delete  
NAME **ADCOCK, LEISA**  
STREET ADDRESS **636 BALBOA AVE.**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **President** ☒ Change ☐ Addition  
NAME **Adcock, Leesa**  
STREET ADDRESS **636 Balboa Ave**  
CITY-ST-ZIP **Inverness, Fl 34452**

TITLE **D** ☒ Delete  
NAME **PURCELL, LOUISE**  
STREET ADDRESS **9021 EXECUTIVE CIR.**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dorothy Radcliffe**  
STREET ADDRESS **38 Speceberry Cir.**  
CITY-ST-ZIP **Homosassa, Fl 34446**

TITLE **S** ☒ Delete  
NAME **CTERKEN, LAURIE**  
STREET ADDRESS **528 E KELLER CT**  
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **D** ☐ Change ☐ Addition  
NAME **Donald Hesselstine**  
STREET ADDRESS **8530 N. Deltona Blvd**  
CITY-ST-ZIP **Citrus Springs, Fl 34434**

TITLE **D** ☒ Delete  
NAME **KUNTZ, BONNIE**  
STREET ADDRESS **7702 E ALLEN DR**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **S** ☐ Change ☒ Addition  
NAME **Joan E. Williams**  
STREET ADDRESS **114 N. Osceola Ave**  
CITY-ST-ZIP **Inverness, Fl 34450**

TITLE **T** ☐ Delete  
NAME **CHADWICK, SANDRA**  
STREET ADDRESS **505 HUNTING LODGE DR**  
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BOULDEN, SCOTT**  
STREET ADDRESS **6802 ROYAL CREST ST.**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☒ Change ☐ Addition  
NAME **Bouldin, Scott**  
STREET ADDRESS **820 Inverie Dr**  
CITY-ST-ZIP **Inverness, Fl 34453**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Eugene F. Reuman**

**JAN 8, 2002 726-3153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)