

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701320

Entity Name: SAINT MARY MAGDALENE EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**1400 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071-6070**Current Mailing Address:**P.O BOX 771145
CORAL SPRINGS, FL 33077-1145 US**FEI Number:** 59-6500406**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, REV. LEE
1400 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33071 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	TREASURER
Name	ABRAHAMS, ROBERT
Address	P.O BOX 771145
City-State-Zip:	CORAL SPRINGS FL 33077-1145

Title	OFFICER
Name	RAZOOK, MARK
Address	P.O BOX 771145
City-State-Zip:	CORAL SPRINGS FL 33077-1145

Title	OFFICER
Name	KING, WENDY
Address	P.O BOX 771145
City-State-Zip:	CORAL SPRINGS FL 33077-1145

Title	OFFICER
Name	VANCE, ROGER
Address	P.O BOX 771145
City-State-Zip:	CORAL SPRINGS FL 33077-1145

Title	OFFICER
Name	FOUNTAIN, DONALD KERRY
Address	P.O BOX 771145
City-State-Zip:	CORAL SPRINGS FL 33077-1145

Title	OFFICER
Name	EXCELL, DERENE
Address	P.O BOX 771145
City-State-Zip:	CORAL SPRINGS FL 33077-1145

Title	OFFICER
Name	READ, MARGARET
Address	P.O BOX 771145
City-State-Zip:	CORAL SPRINGS FL 33077-1145

Title	OFFICER
Name	KROSS, FRANK
Address	P.O BOX 771145
City-State-Zip:	CORAL SPRINGS FL 33077-1145

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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: WENDY KING**OFFICER ~ SR. WARDEN** 03/22/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title OFFICER
Name MORALES, LUIS
Address P.O BOX 771145
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title OFFICER
Name LEMBI, SILVIO
Address P.O BOX 771145
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title OFFICER
Name O'SULLIVAN, JEAN
Address P.O BOX 771145
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title OFFICER
Name VILLIERS, JANICE
Address P.O BOX 771145
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title OFFICER
Name CONKLE, CAROLYN
Address P.O BOX 771145
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title OFFICER
Name HERDEEN, LORRY
Address P.O BOX 771145
City-State-Zip: CORAL SPRINGS FL 33077-1145