

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

DOCUMENT# N11000000692

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**9681529836CC**

**Entity Name:** SAINT AGATHA'S EPISCOPAL CHURCH INC

**Current Principal Place of Business:**

144 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

150 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number:** 63-0590272

**Certificate of Status Desired:** No

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

SAINT AGATHA'S EPISCOPAL CHRUCH  
150 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435 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:** SAINT AGATHA'S EPISCOPAL CHURCH

02/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BROWN, GAIL B  
Address        150 CIRCLE DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           SR. WARDEN  
Name           ALEX, ALEXANDER  
Address        150 CIRCLE DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           CLERK  
Name           MURPHY, JOHN  
Address        150 CIRCLE DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           HISTORIOGRAPHER  
Name           JAN, KENNEY  
Address        150 CIRCLE DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           JR. WARDEN  
Name           CHAPEL, JACQUELYN  
Address        150 CIRCLE DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           MEMBER  
Name           MARY, WEJROCH  
Address        150 CIRCLE DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           MEMBER  
Name           HERRINGTON, ANDREA  
Address        150 CIRCLE DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title           PRIEST IN CHARGE - VESTRY  
                  PRESIDING OFFICER  
Name           KEMPSON-THOMPSON, DEBORAH  
Address        150 CIRCLE DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

*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:** DEBORAH KEMPSON-THOMPSON+

THE REV.

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date