## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000692

Entity Name: SAINT AGATHA'S EPISCOPAL CHURCH INC

**FILED** Apr 21, 2016 **Secretary of State** CC1234399888

**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:

BROWN, GAIL 2237 SPRING LAKE ROAD DEFUNIAK SPRINGS, FL 32433 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: GAIL BROWN 04/21/2016

Electronic Signature of Registered Agent

Date

Date

Officer/Director Detail:

Title 0 Title **PRESIDENT** 

MAYFIELD, LYNN Name BROWN, GAIL B Name

150 CIRCLE DRIVE Address 2237 SPRING LAKE ROAD Address

City-State-Zip: DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32435 City-State-Zip:

VΡ Title Title 0

Name ALEXANDER, ALEX Name DOCKERY, CARRIE Address 150 CIRCLE DRIVE Address 120 E ORANGE AVENUE

DEFUNIAK SPRINGS FL 32435 City-State-Zip: City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title **OFFICER** Title **OFFICER** Name KENNEY, JAN Name BRADLEY, DANIEL Address 150 CIRCLE DRIVE

150 CIRCLE DRIVE Address

City-State-Zip: DEFUNIAK SPRINGS FL 32435 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.

04/21/2016 SIGNATURE: GAIL BROWN **PRESIDENT**