

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19235

**Entity Name:** ST. MARY EPISCOPAL CHURCH OF BELLEVIEW, FLORIDA, INC.

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC1524266789**

**Current Principal Place of Business:**

5750 SE 115 ST  
BELLEVIEW, FL 34420

**Current Mailing Address:**

P.O. BOX 2373  
BELLEVIEW, FL 34421 US

**FEI Number: 59-2774044**

**Certificate of Status Desired: No**

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

ALLEN, DENNIS  
5301 SADDLEBACK CT  
LADY LAKE, FL 32159 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: DENNIS ALLEN**

**01/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | VP                 | Title           | SD                 |
| Name            | ALLEN, DENNIS      | Name            | QUINNELL, CAROLYN  |
| Address         | 5301 SADDLEBACK CT | Address         | 386 FISHER WAY     |
| City-State-Zip: | LADY LAKE FL 32159 | City-State-Zip: | OCKLAWAHA FL 32179 |
|                 |                    |                 |                    |
| Title           | TD                 |                 |                    |
| Name            | QUINNELL, BOB      |                 |                    |
| Address         | PO BOX 414         |                 |                    |
| City-State-Zip: | OCKLAWAHA FL 32183 |                 |                    |

*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: CAROLYN QUINNELL**

**SD**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date