

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

DOCUMENT# N41919

**Entity Name:** ALL SOULS EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

14640 N CLEVELAND AVE  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

14640 N CLEVELAND AVE  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 65-0151247

**Certificate of Status Desired:** No

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

MAXFIELD, CHRISTIAN D S THE REV  
234 6TH STREET  
BONITA SSPRINGS, FL 34134 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:** CHRISTIAN D S MAXFIELD

02/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SENIOR WARDEN  
Name JOHNSON, JIM  
Address 950 MOODY RD UNITE 119  
City-State-Zip: N FT MYERS FL 33903

Title CLERK OF THE VESTRY  
Name WALKER, CAROL  
Address 429 HIDDEN COVE RD  
City-State-Zip: N FT MYERS FL 33917

Title PRIEST  
Name MAXFIELD, CHRISTIAN D S THE REV  
Address 234 6TH ST  
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER  
Name KELLY, BARBARA M  
Address 5341 SW 9TH PLACE  
City-State-Zip: CAPE CORAL FL 33914

Title JUNIOR WARDEN  
Name PARKER, BRUCE  
Address 16900 CHURCH DR  
City-State-Zip: N FT MYERS FL 33917

Title ASST. TREASURER  
Name PIMPINELLA, NANCY  
Address 1345 TORREYA CIRCLE  
City-State-Zip: N FT MYERS FL 33917

*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:** BARBARA KELLY

TREASURER

02/18/2019

Electronic Signature of Signing Officer/Director Detail

Date