

**2020 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  
3325 GRANT COVE CIRCLE  
APT 103  
CAPE CORAL, FL 33991 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

03/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SENIOR WARDEN	Title	CLERK OF THE VESTRY
Name	JOHNSON, JIM	Name	LYONS, NANCY
Address	950 MOODY RD UNITE 119	Address	2200 RIO NUEVO DR
City-State-Zip:	N FT MYERS FL 33903	City-State-Zip:	N FT MYERS FL 33917
Title	PRIEST	Title	TREASURER
Name	MAXFIELD, CHRISTIAN D S THE REV	Name	KELLY, BARBARA M
Address	3325 GRANT COVE CIRCLE APT 103	Address	5341 SW 9TH PLACE
City-State-Zip:	CAPE CORAL FL 33991	City-State-Zip:	CAPE CORAL FL 33914
Title	JUNIOR WARDEN	Title	ASST. TREASURER
Name	SCARBOROUGH, DAVID	Name	PIMPINELLA, NANCY
Address	2648 NW 26TH AVE	Address	1345 TORREYA CIRCLE
City-State-Zip:	CAPE CORAL FL 33993	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 M KELLY

TREASURER

03/27/2020

Electronic Signature of Signing Officer/Director Detail

Date