

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728761

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** SAINT EDWARDS EPISCOPAL CHURCH

**Current Principal Place of Business:**

460 N GRANDVIEW ST  
MT DORA, FL 32757 US

**New Principal Place of Business:**

**Current Mailing Address:**

460 N GRANDVIEW ST  
MT DORA, FL 32757 US

**New Mailing Address:**

**FEI Number:** 59-1021915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POTTER, DEL G. A  
308 E FIFTH AVENUE  
MOUNT DORA, FL 32757 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: LEHMAN, BARBARA  
Address: 15800 ACORN CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: VD  
Name: MAXWELL, JASON  
Address: 1439 CRESTVIEW DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: D  
Name: SWEDBERG, GARY  
Address: 3611 LAKE ELEANOR DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

Title: SD  
Name: LASHAR, RUTH  
Address: 1051 S. HIGHLAND ST. #2A  
City-St-Zip: MOUNT DORA, FL 32757

Title: PD  
Name: BARTLE, EDWARD B REV  
Address: 330 HICKORY AVENUE  
City-St-Zip: ORANGE CITY, FL 32763

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: RUTH LASHAR

SD

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date