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Mar 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769940 (8)

1. Corporation Name

ST. MARGARET'S EPISCOPAL CHURCH OF INVERNESS, FL
ORIDA, INC.

Principal Place of Business

114 NO. OSCEOLA AVE.
INVERNESS FL 34450
US

Mailing Address

114 NO. OSCEOLA AVE.
INVERNESS FL 34450-4121
US



3. Date Incorporated or Qualified
08/24/1983

3a. Date of Last Report
11/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number
59-1993400

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JOAN L
114 N. OSCEOLA AVE.
INVERNESS FL 34450

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD
NAME RINGQUIST, CAL
STREET ADDRESS 8815 E. SKYE DR.
CITY-ST-ZIP INVERNESS FL 34450

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME COX, KATHLEEN N
STREET ADDRESS 451 E. IRELAND CT.
CITY-ST-ZIP HERNANDO FL 34442

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME JONES, PAM
STREET ADDRESS 6157 E CARMEL LANE
CITY-ST-ZIP INVERNESS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GLENN, DORIS
STREET ADDRESS 9405 E MOON RIVER CT
CITY-ST-ZIP INVERNESS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME COX, JR., ALAN ALVAH L.
STREET ADDRESS 451 E. FARMLAND ST. IRELAND CT
CITY-ST-ZIP HERNANDO FL 34450

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME ESTRELLA, LEO
STREET ADDRESS 3122 S BAYBERRY PT
CITY-ST-ZIP INVERNESS FL 34450

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065294

CR2E037 (9/96)