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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769940

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/24/1983

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **S BAGWELL, CHERYL**
STREET ADDRESS **P.O. BOX 324 N/A**
CITY-ST-ZIP **HOLDER FL 34445**

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **D KOVACH, MICHAEL**
STREET ADDRESS **9260 MISTWOOD DRIVE**
CITY-ST-ZIP **INVERNESS FL 34450**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **MD McFIELO, EARLE**
1.3 STREET ADDRESS **2793 CHURCHILL WAY**
1.4 CITY-ST-ZIP **HERNANDO, FL 3442**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D FALSETTI, RUTH**
2.3 STREET ADDRESS **3003 JEAN AVE**
2.4 CITY-ST-ZIP **INVERNESS, FL 34452**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **S GERKEN, LAURIE**
3.3 STREET ADDRESS **528 E. KELLER CT**
3.4 CITY-ST-ZIP **HERNANDO, FL 34442**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D KUNTZ, BONNIE**
4.3 STREET ADDRESS **7702 E. ALLEN DR.**
4.4 CITY-ST-ZIP **INVERNESS, FL 34450**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **T CHADWICK, SANDRA**
5.3 STREET ADDRESS **505 HUNTING LODGE DR**
5.4 CITY-ST-ZIP **INVERNESS, FL 34453**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Signature Required

4/26/99

352-726-3153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)