

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90002 042 ****61.25

DOCUMENT # 769940

1. Entity Name

ST. MARGARET'S EPISCOPAL CHURCH OF INVERNESS, FL

Principal Place of Business

114 NO. OSCEOLA AVE.
 INVERNESS FL 34450
 US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1993400

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☒ Delete
 NAME **MCFIELD, EARLE**
 STREET ADDRESS **2793 CHURCHILL WAY**
 CITY-ST-ZIP **HERNANDO FL**

TITLE **MD** ☐ Change ☒ Addition
 NAME **Leesa Adcock**
 STREET ADDRESS **636 Balboa Ave**
 CITY-ST-ZIP **Inverness, FL 34452**

TITLE **D** ☒ Delete
 NAME **FALSETTI, RUTH**
 STREET ADDRESS **3003 JEAN AVE**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☐ Change ☒ Addition
 NAME **Louise Purcell**
 STREET ADDRESS **9921 Executive Circle**
 CITY-ST-ZIP **Inverness, FL 34450**

TITLE **S** ☐ Delete
 NAME **CTERKEN, LAURIE**
 STREET ADDRESS **528 E KELLER CT**
 CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **S** ☐ Change ☒ Addition
 NAME **Scott Bouldin**
 STREET ADDRESS **6802 Royal Crest St**
 CITY-ST-ZIP **Inverness, FL 34452**

TITLE **D** ☐ Delete
 NAME **KUNTZ, BONNIE**
 STREET ADDRESS **7702 E ALLEN DR**
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **CHADWICK, SANDRA**
 STREET ADDRESS **505 HUNTING LODGE DR**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/00

352-564-1117

CR2E037 9/99