


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90017 010 \*\*\*\*61.25

<b>DOCUMENT # 769940</b> 1. Entity Name <b>ST. MARGARET'S EPISCOPAL CHURCH OF INVERNESS, FLORIDA, INC.</b>					
Principal Place of Business <b>114 NO. OSCEOLA AVE. INVERNESS, FL 34450 US</b>			Mailing Address <b>114 NO. OSCEOLA AVE. INVERNESS, FL 34450 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1993400</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EDMUNDS, PATRICIA T 114 N. OSCEOLA AVE. INVERNESS, FL 34450</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				Signature _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REUMAN, EUGENE F</b> <b>2915 W HENLEY LN</b> <b>DUNNELLON, FL 34433</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOPPER, STEPHANIE</b> <b>8634 E. GLASGOW PLACE</b> <b>INVERNESS, FL 34450</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PURCELL, GEORGE</b> <b>6410 W CANNONDALE DR</b> <b>CRYSTAL RIVER, FL 34429</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EDMUNDS, PATRICIA T</b> <b>114 N OSCEOLA AVE</b> <b>INVERNESS, FL 34450</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOPPER, LARRY</b> <b>8634 E GLASGOW PI</b> <b>INVERNESS, FL 34450</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POFFENBAUGH, JEAN</b> <b>8110 N. HOWARD HUGHES WAY</b> <b>HERNANDO, FL 34442</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Robert Richardson</b> <b>3751 E. Lake Todd Dr.</b> <b>Hernando, FL 34442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Edward Reisig</b> <b>3539 N. Buckhorn Dr</b> <b>Beverly Hills, FL 34465</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Eugene F. Reuman</i> <b>EUGENE F. REUMAN</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>20 Feb 2006</b> Daytime Phone # <b>(352) 726-3153</b>					