

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90837 022 ****61.25

DOCUMENT # 769940

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1993400**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Edmunds, Patricia T.**

Street Address (P.O. Box Number is Not Acceptable)
114 N. Osceola Avenue

City **Inverness**

FL Zip Code
34450

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 **Edmunds, Patricia T.**

Edmunds Patricia T.

Feb 18, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☒ Delete
NAME **ADCOCK, LEESA**
STREET ADDRESS **636 BALBOA AVE.**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☐ Delete
NAME **RADCLIFFE, DOROTHY**
STREET ADDRESS **38 SPECEBERRY CIRCLE**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **D** ☒ Delete
NAME **HESELTIME, DONALD**
STREET ADDRESS **8530 N DELTONA BLVD**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

TITLE **S** ☒ Delete
NAME **WILLIAMS, JOAN E**
STREET ADDRESS **114 N OSCEOLA AVE**
CITY-ST-ZIP **INVERNESS FL 34450**

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

TITLE **D** ☒ Delete
NAME **BOULDIN, SCOTT**
STREET ADDRESS **820 INVERIE DR**
CITY-ST-ZIP **INVERNESS FL 34453**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres** ☒ Change ☐ Addition
NAME **The Rev Eugene F. Reuman**
STREET ADDRESS **2915 W Henley Lane**
CITY-ST-ZIP **Dunnellon, FL 34433**

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **George Purcell**
STREET ADDRESS **6410 W Cannondale Drive**
CITY-ST-ZIP **Crystal River, FL 34429**

TITLE **D** ☒ Change ☐ Addition
NAME **Patricia T. Edmunds**
STREET ADDRESS **114 N Osceola Avenue**
CITY-ST-ZIP **Inverness, FL 34450**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Donald Leuallen**
STREET ADDRESS **8080 Frond Court**
CITY-ST-ZIP **Inverness, FL 34453**

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:

Eugene F. Reuman

EUGENE F. REUMAN

18 Feb 03 252-726-3153

CR2E037 (10/02)