

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701320

**FILED**  
**Feb 15, 2022**  
**Secretary of State**  
**1823327378CC**

**Entity Name:** THE EPISCOPAL CHURCH OF SAINT MARY MAGDALENE AND SAINT MARTIN, INC.

**Current Principal Place of Business:**

1400 RIVERSIDE DRIVE  
CORAL SPRINGS, FL 33071-6070

**Current Mailing Address:**

P.O BOX 771145  
CORAL SPRINGS, FL 33077-1145 US

**FEI Number: 59-6500406**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIS, REV. LEE  
1400 RIVERSIDE DRIVE  
CORAL SPRINGS, FL 33071 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ABRAHAMS, ROBERT  
Address        P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title           OFFICER  
Name           LEWIS, VINCENT  
Address        P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title           OFFICER  
Name           KING, WENDY  
Address        P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title           OFFICER  
Name           VANCE, ROGER  
Address        P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title           OFFICER  
Name           MOORE, CAROL R  
Address        P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title           OFFICER  
Name           RULE, THERESA  
Address        P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title           OFFICER  
Name           BROWN, RAY  
Address        P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title           OFFICER  
Name           MORALES, LUIS  
Address        P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: REV. LEE DAVIS**

**PRESIDENT**

**02/15/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name VILLIERS, JANICE  
Address P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title OFFICER  
Name CONKLE, CAROLYN  
Address P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title CLERK  
Name SLIMACK, SUSAN  
Address P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title OFFICER  
Name LEMBI, SILVIO  
Address P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title OFFICER  
Name O'SULLIVAN, JEAN  
Address P.O BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145

Title PRESIDENT  
Name DAVIS, LEE REV  
Address PO BOX 771145  
City-State-Zip: CORAL SPRINGS FL 33077-1145