

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702070

Entity Name: ST. MATTHIAS CHURCH, INC.

Current Principal Place of Business:

574 WEST MONTROSE STREET
CLERMONT, FL 34711

Current Mailing Address:

528 WEST MONTROSE STREET
CLERMONT, FL 34711 US

FEI Number: 59-6139155

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ST. MATTHIAS CHURCH, INC.
528 WEST MONTROSE STREET
CLERMONT, FL 34711 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: HOPE BLUME

03/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title RECTOR
Name DORN , JAMES M III
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711

Title SENIOR WARDEN
Name MANNY, LORNA
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711

Title JUNIOR WARDEN
Name HYLTON, MAXINE
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711

Title TREASURER
Name CURTIS, CYNTHIA
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711

Title CLERK
Name NEMETH, ELIZABETH
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711

Title STEWARDSHIP
Name HUNT, KIM
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711

Title ASSISTANT JUNIOR WARDEN
Name DENSLOW, RODERICK
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711

Title ASSISTANT TREASURER
Name MARTIN, GLEN
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711

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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: JAMES M. DORN III

RECTOR

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VESTRY MEMBER
Name COX, COLEEN
Address 528 WEST MONTROSE STREET
City-State-Zip: CLERMONT FL 34711