

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710328

**Entity Name:** ST. MARY'S EPISCOPAL CHURCH, INC.

**Current Principal Place of Business:**

1010 24TH AVE W  
PALMETTO, FL 34221

**Current Mailing Address:**

1010 24TH AVE W  
PALMETTO, FL 34221

**FEI Number:** 59-1430406

**Certificate of Status Desired:** No

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

AYRTON, ANGIE  
1010 24TH AVENUE WEST  
PALMETTO, FL 34221 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:** ANGIE AYRTON

02/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER  
Name PRIEPOT, LYNDA  
Address 2311 14TH AVE. W  
City-State-Zip: PALMETTO FL 34221

Title OTHER  
Name EURE, TOM  
Address 5523 LANSLOWNE WAY  
City-State-Zip: PALMETTO FL 34221

Title TREASURER  
Name WOOD, LORRAINE  
Address 2320 TERRA CEIA BAY BLVD #605  
City-State-Zip: PALMETTO FL 34221

Title OTHER  
Name SULLIVAN, ROBERT  
Address 5208 WOODLAWN CIR. E  
City-State-Zip: PALMETTO FL 34221

Title OTHER  
Name KUBIT, JOSEPH  
Address 16 FLORES DR  
City-State-Zip: PALMETTO FL 34221

Title OTHER  
Name SHARPE, NICK  
Address 2216 7TH ST W  
City-State-Zip: PALMETTO FL 34221

Title OTHER  
Name MERCURIO, TIM  
Address 1219 22ND AVE W  
City-State-Zip: PALMETTO FL 34221

Title OTHER  
Name SILVANIC, LOUISE  
Address 2207 7TH ST. W  
City-State-Zip: PALMETTO FL 34221

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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:** LYNDA PRIEPOT

SENIOR WARDEN

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OTHER  
Name PRATLEY, CHRISTINE  
Address 3416 BROOKRIDGE LANE  
City-State-Zip: PARRISH FL 34219