

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728761

**Entity Name:** SAINT EDWARDS EPISCOPAL CHURCH

**Current Principal Place of Business:**

460 N GRANDVIEW ST  
MT DORA, FL 32757

**Current Mailing Address:**

460 N GRANDVIEW ST  
MT DORA, FL 32757 US

**FEI Number:** 59-1021915

**Certificate of Status Desired:** No

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

POTTER, DEL G. A  
308 E FIFTH AVENUE  
MOUNT DORA, FL 32757 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           MINKOFF, BARBARA  
Address        15800 ACORN CIRCLE  
City-State-Zip: TAVARES FL 32778

Title           DIRECTOR  
Name           BRUST, TOM  
Address        19132 BRIDGES GLEN LANE  
City-State-Zip: CLERMONT FL 34715

Title           SECRETARY  
Name           BOW, PAMELA  
Address        714 TANGERINE ST  
City-State-Zip: TAVARES FL 32778

Title           PRESIDENT  
Name           LAFLER, MARK ALAN  
Address        33929 VENICE LANE  
City-State-Zip: SORRENTO FL 32776

Title           VP  
Name           WATERHOUSE, EVLYNN  
Address        3011 WINDHAM  
City-State-Zip: EUSTIS FL 32726

*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:** MARK LAFLER+

**PRESIDENT**

**02/01/2023**

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

\_\_\_\_\_  
Date