

**2014 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 TD  
Name LEHMAN, BARBARA  
Address 15800 ACORN CIRCLE  
City-State-Zip: TAVARES FL 32778

Title VD  
Name MCCORD, GEORGE  
Address 15807 ACORN CIRCLE  
City-State-Zip: TAVARES FL 32778

Title D  
Name PELLITTERI, VITO  
Address 32150 BLUE GILL DR.  
City-State-Zip: TAVARES FL 32778

Title SD  
Name MAXWELL, ELIZABETH  
Address PO BOX 612  
City-State-Zip: MOUNT DORA FL 32756

Title PD  
Name BARTLE, EDWARD BREV  
Address 330 HICKORY AVENUE  
City-State-Zip: ORANGE CITY FL 32763

*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:** THE REVEREND EDWARD B. BARTLE

**RECTOR**

**02/06/2014**

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

\_\_\_\_\_  
Date