

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769940

Entity Name: ST. MARGARET'S EPISCOPAL CHURCH OF INVERNESS,
FLORIDA, INC.**Current Principal Place of Business:**114 NO. OSCEOLA AVE.
INVERNESS, FL 34450**Current Mailing Address:**114 NO. OSCEOLA AVE.
INVERNESS, FL 34450 US**FEI Number: 59-1993400****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HOLME, JACQUELINE C
114 NO OSCEOLA AVE
INVERNESS,, FL 34450 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: JACQUELINE CLARE HOLME****01/23/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	REUMAN, EUGENE F
Address	2915 W HENLEY LN
City-State-Zip:	DUNNELLON FL 34433
Title	DIRECTOR
Name	MCCOY, JAMES
Address	3221 W BLOSSOM DR
City-State-Zip:	BEVERLY HILLS FL 34465
Title	DIRECTOR
Name	CHADWICK, SANDRA L
Address	510 HUNTINGLODGE DRIVE
City-State-Zip:	INVERNESS FL 34453
Title	DIRECTOR
Name	HUNT, HORACE
Address	4925 COUNTRY RD 309B
City-State-Zip:	LAKE PANASOFFKE FL 33538

Title	TREASURER
Name	CHRISTOFFERS, LYND A
Address	1402 LONGBOAT PT
City-State-Zip:	INVERNESS FL 34450
Title	DIRECTOR
Name	BORCHERS, MARIAN
Address	6101 E MENLO LANE
City-State-Zip:	INVERNESS FL 34452
Title	DIRECTOR
Name	FARNSWORTH, STEVE
Address	1469 W JENNY ST
City-State-Zip:	LECANTO FL 34461
Title	DIRECTOR
Name	PURDY, GAIL
Address	11842 WATERWAY DR
City-State-Zip:	HOMOSASSA FL 34448

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: LYND A CHRISTOFFERS**TREASURER****01/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name STACY, ERIKA B
Address 2570 E MARS ST
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR
Name WEBB, ALICE
Address PO BOX 895
City-State-Zip: FLORAL CITY FL 34436

Title DIRECTOR
Name MCQUEEN, PETER D
Address 8640 E KEATINGPARK ST
LOT 266
City-State-Zip: FLORAL CITY FL 34436