

2021 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****01/29/2021**

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	THORNTON, SHARRON
Address	5047 CR 575
City-State-Zip:	BUSHNELL FL 33513
Title	DIRECTOR
Name	MCQUEEN, PETER
Address	8640 E KEATINGPARK ST LOT 266
City-State-Zip:	FLORAL CITY FL 34436
Title	DIRECTOR
Name	KLACZKO, DOROTHY
Address	1876 CORALBERRY LANE
City-State-Zip:	INVERNESS FL 34453

Title	TREASURER
Name	CHRISTOFFERS, LYND A
Address	1402 LONGBOAT PT
City-State-Zip:	INVERNESS FL 34450
Title	DIRECTOR
Name	STEVE, FARNSWORTH
Address	1469 W JENNY ST
City-State-Zip:	LECANTO FL 34461
Title	DIRECTOR
Name	WHITCRAFT, EDWARD
Address	400 S LINE AVE
City-State-Zip:	INVERNESS FL 34452
Title	DIRECTOR
Name	HOWARD, SUE
Address	8965 S MOUNTAIN LAKE AVE
City-State-Zip:	FLORAL CITY FL 34436

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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: LYND A CHRISTOFFERS**TREASURER****01/29/2021**

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 HENNINGS, LAURA
Address 7540 S KANGA WAY
City-State-Zip: FLORAL CITY FL 34436