

**2020 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

02/05/2020

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 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 BORCHERS, MARIAN  
Address 35255 BELGRAVE DR  
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR  
Name WHITCRAFT, EDWARD  
Address 400 S LINE AVE  
City-State-Zip: INVERNESS FL 34452

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

02/05/2020

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