

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12827

Entity Name: ST. MATTHEWS ANGLICAN CHURCH, INC.**Current Principal Place of Business:**10701 BLOOMINGDALE AVE
RIVERVIEW, FL 33578**Current Mailing Address:**P.O. BOX 1173
RIVERVIEW, FL 33568-1173**FEI Number:** 59-2621459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENNETT, ARNOTT HINSON
2733 VILLA DR.
VALRICO, FL 34594 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:** ARNOTT HINSON BENNETT

02/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MCALISTER, JEANIE
Address 30428 COLEHAVEN COURT
City-State-Zip: WESLEY CHAPEL FL 33543

Title PASTOR
Name BAILEY, KENNETH ROBERT JR.
Address 11117 HUDSON HILLS LANE
City-State-Zip: RIVERVIEW FL 33579-3211

Title DIRECTOR
Name MCALISTER, SCOTT
Address 30428 COLEHAVEN CT.
City-State-Zip: WESLEY CHAPEL FL 33543

Title DIRECTOR
Name DOWD, ARTHUR F
Address 6908 CHASSET CIRCLE
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR
Name QUAID, CARY
Address 1403 ANDREA CT.
City-State-Zip: BRANDON FL 33511

Title DIRECTOR
Name LINGERFELT, JOSEPH R.
Address 4904 BARNSTEAD DR.
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR
Name KIMPLAND, STEVEN J.
Address 221 LOUISE AVE.
City-State-Zip: BRANDON FL 33510

Title DIRECTOR
Name HERNANDEZ, DEBRA
Address 10208 OAK FOREST DRIVE
City-State-Zip: RIVERVIEW FL 33569

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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: MCALISTER, SCOTT**DIRECTOR**

02/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HARRIS, LAURA
Address	5851 HERONPARK PLACE
City-State-Zip:	LITHIA FL 33547