

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18114

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC4880113344**

**Entity Name:** ST. ANNE OF GRACE EPISCOPAL CHURCH INC.

**Current Principal Place of Business:**

6650 113TH STREET NORTH  
SEMINOLE, FL 33772

**Current Mailing Address:**

6650 113TH STREET NORTH  
SEMINOLE, FL 33772 US

**FEI Number:** 59-2368486

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LYONS, DAVID  
6650 113TH STREET NORTH  
SEMINOLE, FL 33772 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 DT  
Name REHM, ROBERTA  
Address 8577 LANTANA DR  
City-State-Zip: SEMINOLE FL 33777

Title OFFA  
Name WALKER, ELIZABETH  
Address 399 150TH AVENUE  
APT 107  
City-State-Zip: MADEIRA BEACH FL 33708

Title OFFA  
Name LYONS, DAVID  
Address 6650 113TH STREET NORTH  
City-State-Zip: SEMINOLE FL 33772

Title CHAIRMAN  
Name MCLAUHLAN, RAMSAY  
Address 218 148TH AVENUE EAST  
City-State-Zip: MADEIRA BEACH FL 33708

Title OFFICER  
Name WHITMAN, ANNE  
Address 12900 VONN ROAD  
#E205  
City-State-Zip: SEMINOLE FL 33774

*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: ROBERTA REHM**

**TREASURER**

**04/14/2016**

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

\_\_\_\_\_  
Date