

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000011851

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**1478042409CC**

**Entity Name:** ST. MARY'S EPISCOPAL CHURCH OF GREEN COVE SPRINGS FOUNDATION, INC.

**Current Principal Place of Business:**

400 ST. JOHNS AVENUE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

400 ST. JOHNS AVENUE  
GREEN COVE SPRINGS, FL 32043

**FEI Number: 87-3167361**

**Certificate of Status Desired: No**

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

DONAHOO & MCMENAMY, P.A.  
245 RIVERSIDE AVENUE, SUITE 150  
JACKSONVILLE, FL 32202 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 D  
Name MINTON, SARAH  
Address 11864 SWOOPING WILLOW RD  
City-State-Zip: JACKSONVILLE FL 32233

Title D  
Name DORSKY, TOM  
Address 1688 PINECREST DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

Title D  
Name GARLINGHOUSE, PAT  
Address 3520 GWINN STREET, P.O. BOX 343  
City-State-Zip: PENNEY FARMS FL 32079

Title D  
Name BUEHN, BOB  
Address 1883 OSPREY BLUFF BOULEVARD  
City-State-Zip: FLEMING ISLAND FL 32003

Title D  
Name TANK, LESLIE  
Address 120 BAY STREET, UNIT 101  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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: SARAH MINTON**

**DIRECTOR**

**04/17/2023**

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

\_\_\_\_\_  
Date