

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005450

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC9979751104**

**Entity Name:** ST. MARY'S EPISCOPAL CHURCH OF DEERFIELD BEACH, INC.

**Current Principal Place of Business:**

417 S. DIXIE HWY.  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

P.O. BOX 8602  
DEERFIELD BEACH, FL 33443 86

**FEI Number: 65-0930272**

**Certificate of Status Desired: No**

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

PRATT, BERTHA  
495 NW 3RD TERR  
DEERFIELD BEACH, FL 33441 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 PD  
Name JONES, LYNNE REV.  
Address 8332 LITTLE BETH DRIVE  
City-State-Zip: BOYNTON BEACH FL 33472

Title SWD  
Name THOMPSON, HENRY  
Address 4602 NW 47TH STREET  
City-State-Zip: TAMARAC FL 33319

Title JWD  
Name PRATT, ANDREW JR.  
Address 7579 BRUNSON CIRCLE  
City-State-Zip: LAKEWORTH FL 33467

Title T  
Name PRATT, BERTHA T  
Address 495 NW 3RD TERRACE  
City-State-Zip: DEERFIELD BEACH FL 33441

Title CS  
Name CLARK-REED, GWYN  
Address 417 S. DIXIE HWY.  
City-State-Zip: DEERFIELD BEACH FL 33441

*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: BERTHA PRATT**

**TREASURER**

**04/24/2017**

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

\_\_\_\_\_  
Date