

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706784

1. Entity Name

THE EPISCOPAL CHURCH IN THE DIOCESE OF FLORIDA.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90179 018 ****61.25

| | |
|---|---|
| Principal Place of Business 325 MARKET STREET JACKSONVILLE FL 32202 | Mailing Address 325 MARKET STREET JACKSONVILLE FLA 32202-2732 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-0637899 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**PEEPLES, REBECCA G
325 MARKET ST.
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 Rebecca G Peoples DATE 01/04/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | PEEPLES, REBECCA | |
| STREET ADDRESS | 325 MARKET ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JECKO, STEPHEN H | |
| STREET ADDRESS | 325 MARKET ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ISAAC, FRED | |
| STREET ADDRESS | 325 MARKET STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | M | <input checked="" type="checkbox"/> Delete |
| NAME | YATES, WILLIAM J | |
| STREET ADDRESS | 325 MARKET ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | STUART, ROBERT A. | |
| STREET ADDRESS | 325 MARKET ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca G Peoples DATE: 01/04/2000 Daytime Phone #: 904-356-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2PE037 (9/99)