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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 11 PM 9:52

DOCUMENT # N40206 (7)

1. Corporation Name
ST. PAUL'S BY-THE-SEA EPISCOPAL CHURCH FOUNDATIO N, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
416 TWELFTH AVE N JACKSONVILLE BEACH FL 32250	416 TWELFTH AVE N JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified: 09/12/1990
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-3037134 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BRODT, ROGER W.
960 EASTPORT RD
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	D/S	☒ Change ☐ Addition
NAME	WILSON, KATHERINE E.	1.2 NAME	Gomez, Margaret	
STREET ADDRESS	GREEN HERON CT	1.3 STREET ADDRESS	212 33rd Avenue, South	
CITY-ST-ZIP	JACKSONVILLE BCH FL	1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250-6044	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	KOLSTER, JAMES R	2.2 NAME		
STREET ADDRESS	1971 MIPAULA COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MOULTON, JOHN A III	3.2 NAME	Still, Laura	
STREET ADDRESS	416 TWELFTH AVENUE NORTH	3.3 STREET ADDRESS	2783 LeMans Court	
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JONES, FRED G.	4.2 NAME	Greenway, William E.	
STREET ADDRESS	517 RUTILE DRIVE	4.3 STREET ADDRESS	2100 S. Ocean Drive, PH 4	
CITY-ST-ZIP	PONTE VEDRA BCH FL	4.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	BRODT, ROGER W	5.2 NAME		
STREET ADDRESS	12928 DEEP LAGOON PL E	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MULLINS, JOHN	6.2 NAME	Richards, Kenneth G.	
STREET ADDRESS	40 OAKWOOD	6.3 STREET ADDRESS	1885 Hickory Lane	
CITY-ST-ZIP	JACKSONVILLE BCH FL	6.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 2, 1995 904-388-2632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James R. Kolster, Treasurer

000505