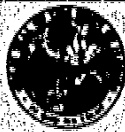


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
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.**

Principal Place of Business

Mailing Address

**418 TWELFTH AVE N
JACKSONVILLE BEACH FL 32250**

**418 TWELFTH AVE N
JACKSONVILLE BEACH FL 32250**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1990

3a. Date of Last Report

04/07/1994

4. FBI 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. 100.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRODT, ROGER W.
980 EASTPORT RD
JACKSONVILLE FL 32218**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DS

NAME

WILSON, KATHERINE E.

STREET ADDRESS

GREEN HERON CT

CITY - ST - ZIP

JACKSONVILLE BCH FL

1.1 TITLE

D/S

1.2 NAME

Gomez, Margaret

1.3 STREET ADDRESS

212 33rd Avenue, South

1.4 CITY - ST - ZIP

Jacksonville Beach, FL 32250-6044

☒ Change ☐ Addition

TITLE

TD

NAME

KOLSTER, JAMES R

STREET ADDRESS

1971 MIPAULA COURT

CITY - ST - ZIP

ATLANTIC BEACH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

MOULTON, JOHN A III

STREET ADDRESS

418 TWELFTH AVENUE NORTH

CITY - ST - ZIP

JACKSONVILLE BCH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE

VD

NAME

JONES, FRED G.

STREET ADDRESS

517 RUTILE DRIVE

CITY - ST - ZIP

PONTE VEDRA BCH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

CD

NAME

BRODT, ROGER W

STREET ADDRESS

12928 DEEP LAGOON PL E

CITY - ST - ZIP

JACKSONVILLE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

MULLINS, JOHN

STREET ADDRESS

40 OAKWOOD

CITY - ST - ZIP

JACKSONVILLE BCH FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

Richards, Kenneth G.

1885 Hickory Lane

Atlantic Beach, FL 32223

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Kolster, Treasurer

April 2, 1995

Date

904-388-2632

Daytime Phone #