FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N40206** **(7)**

1. Corporation Name

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

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: 04/11/1995
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
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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, MARGARET		1.2 NAME		
STREET ADDRESS	212 33 AVE S		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	Treas, Dir.	☐ Change ☒ Addition
NAME	KOLSTER, JAMES R		2.2 NAME	Edwin Bordens	
STREET ADDRESS	1971 MIPAULA COURT		2.3 STREET ADDRESS	1112 Third ST #9	
CITY-ST-ZIP	ATLANTIC BEACH FL		2.4 CITY-ST-ZIP	Neptune Bch, FL 32266	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	✓ MOULTON, JOHN A III		3.2 NAME		
STREET ADDRESS	416 TWELFTH AVENUE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL		3.4 CITY-ST-ZIP		
TITLE	✓ D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENWAY, WILLIAM E.		4.2 NAME		
STREET ADDRESS	2100 S. OCEAN DR. PH4		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		4.4 CITY-ST-ZIP		
TITLE	✓ CD	☐ DELETE	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	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	RICHARDS, KENNETH G.		6.2 NAME	Lauren Still	
STREET ADDRESS	1885 HICKORY LANE		6.3 STREET ADDRESS	2783 Le Mans Ct.	
CITY-ST-ZIP	ATLANTIC BEACH FL		6.4 CITY-ST-ZIP	Ponte Vedra Bch., FL 32082	

CR2E037 (12/95)

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)(k), 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: Roger W Brodt 05/19/96 904-757-8710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #