FILE NOW: FILING FEE IS $61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32250-4725

3. Date Incorporated or Qualified: **09/12/1990**
3a. Date of Last Report: **05/23/1996**

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

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

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	D	☐ Change ☑ Addition
NAME	~~GOMEZ, MARGARET~~		1.2 NAME	Marshall Gallop	
STREET ADDRESS	~~212 99 AVE S~~		1.3 STREET ADDRESS	1369 Pinewood Rd	
CITY-ST-ZIP	~~JACKSONVILLE BCH FL~~		1.4 CITY-ST-ZIP	Jacksonville Bch FL 32250	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BORDENS, EDWIN		2.2 NAME		
STREET ADDRESS	1112 THIRD ST. #9		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL		2.4 CITY-ST-ZIP		
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	D	☐ Change ☑ Addition
NAME	~~GREENWAY, WILLIAM E.~~		4.2 NAME	Katherine Wilson	
STREET ADDRESS	~~2100 S. OCEAN DR. PH4~~		4.3 STREET ADDRESS	446 Twelfth Ave N.	
CITY-ST-ZIP	~~JACKSONVILLE BEACH FL~~		4.4 CITY-ST-ZIP	Jacksonville Beach FL 32250	
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	D	☐ Change ☑ Addition
NAME	~~STILL, LAURA~~		6.2 NAME	Guy Bond	
STREET ADDRESS	~~2703 LE MANS CT.~~		6.3 STREET ADDRESS	6534 Stillwater Ct.	
CITY-ST-ZIP	~~PONTE VEDRA BEACH FL~~		6.4 CITY-ST-ZIP	Jacksonville, FL 32277	

CR2E037 (9/96)

14. I do 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 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: Edwin E. Bordens Jr Edwin E. Bordens Jr, Treas 3/16/97 904 246 8652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # [illegible]