

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90091 024 ****61.25

DOCUMENT # N40206

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

80041628



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

465 Eleventh Ave - N

Suite, Apt. #, etc.

3. Mailing Address

465 Eleventh Ave - N

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

Zip
32250

Country

City & State

JACKSONVILLE BEACH, FL

Zip
32250

Country

4. FEI Number

59-3037134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOND, C G
3010 S THIRD STREET
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **The Rev. Dr. Greg C. Frazier**

Street Address (P.O. Box Number is Not Applicable)

1575 MONUMENT OAKS DRIVE

City **JACKSONVILLE BEACH**

FL

Zip Code
32255

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **BOND, GUY**
STREET ADDRESS **3010 S THIRD STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete
NAME **FRAZIER, GREG**
STREET ADDRESS **416 12TH AVE N**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete
NAME **MADISON, SUE**
STREET ADDRESS **416 12TH AVE N**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **465 11th Ave, N.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **465 11th Ave, N.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D MORT HANSON**
STREET ADDRESS **465 11th Ave, N.**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Greg C. Frazier, Rector 2/19/02 904-249-4094

CR2E037 (9/01)