2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40206

FILED Feb 07, 2004 Secretary of State

Entity Name: ST. PAUL'S BY-THE-SEA EPISCOPAL CHURCH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 465 ELEVENTH AVE N JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** 465 ELEVENTH AVE N JACKSONVILLE BEACH, FL 32250 FEI Number: 59-3037134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MCINNIS, SUSAN B BISHOPP, JOYCE 2157 OSPREY PT. DR. W 1422 FOREST MARSH DRIVE JACKSONVILLE, FL 32224 NEPTUNE BEACH, FL 32266 US US 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: JOYCE BISHOPP 02/07/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GABRIELLE, TONY Name: Name: Address: 465 ELEVENTH AVE N Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CARROLL, BILL Name: Address: 465 ELEVENTH N Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCINNIS, SUSAN Name: BISHOPP, JOYCE Name: 465 ELEVENTH AVE N 1422 FOREST MARSH DRIVE Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: NEPTUNE BEACH, FL 32266 () Delete Title: Title: () Change () Addition BOND, GUY Name: Name: Address: 465 11TH AVE N Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE BISHOPP TREA 02/07/2004