2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90043 050 ****61.25

DOCUMENT # N40206

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

Principal Place of Business	Mailing Address
465 ELEVENTH AVE N JACKSONVILLE BEACH, FL 32250	465 ELEVENTH AVE N JACKSONVILLE BEACH, FL 32250

03102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
(No Change)	(No Change)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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

BISHOPP, JOYCE
1422 FOREST MARSH DRIVE
NEPTUNE BEACH, FL 32266

7. Name and Address of New Registered Agent

Name: JOHN B TAYLOR
Street Address (P.O. Box Number is Not Acceptable)
2221 BAREFOOT TRACE
City ATLANTIC BEACH **FL** Zip Code 32233

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John B Taylor JOHN B TAYLOR 3/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GABRIELLE, TONY 465 ELEVENTH AVE N JACKSONVILLE BEACH, FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAN Legett, Dir 465 Eleventh Ave N Jacksonville Bch FL 32250 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, BILL 465 ELEVENTH N JACKSONVILLE BEACH, FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RICHARD BYERS, Dir 465 Eleventh Ave N. JACKSONVILLE Bch FL 32250 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOPP, JOYCE 1422 FOREST MARSH DRIVE NEPTUNE BEACH, FL 32266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN B TAYLOR DIR 465 ELEVENTH Ave N JACKSONVILLE Bch FL 32250 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOND, GUY 465 11TH AVE N JACKSONVILLE BEACH, FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SALLY Roberts Dir 465 Eleventh Ave N JACKSONVILLE Bch FL 32250 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: John B Taylor JOHN B TAYLOR 904-249-0634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/11/05 Pd 3/22/05 CK# 5944