

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90185 048 ****61.25

DOCUMENT # N40206

1. Entity Name

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



Principal Place of Business

**465 ELEVENTH AVE N
JACKSONVILLE BEACH FL 32250**

Mailing Address

**465 ELEVENTH AVE N
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

(no change)

3. Mailing Address

(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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FRAZIER, REV DR GREG C~~ **SUSAN B. McINNIS**
~~1575 MONUMENT OAKS DRIVE~~
~~JACKSONVILLE FL 32225~~

Name **Susan B. McInnis**

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

2157 Osprey Pt. Dr. W.

City **Jacksonville**

FL

Zip Code **32224**

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 **Susan B. McInnis**

Susan B. McInnis, Treasurer 4/29/03

Signature, typed or printed name of registered agent and title if 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **Tony Gabrielle, Dir.**
STREET ADDRESS **465 Eleventh Ave N**
CITY-ST-ZIP **Jacksonville, FL 32250**

TITLE **D** ☐ Delete
NAME **FRAZIER, GREG**
STREET ADDRESS **465 ELEVENTH N**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ Addition
NAME **Bill Carroll, Dir.**
STREET ADDRESS **465 Eleventh Ave N**
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

TITLE **D** ☐ Delete
NAME **MADISON, SUE**
STREET ADDRESS **465 ELEVENTH AVE N**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ Addition
NAME **Susan McInnis, Dir.**
STREET ADDRESS **465 Eleventh Ave N**
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

TITLE **D** ☐ Delete
NAME **HANSON, MORT**
STREET ADDRESS **465 11TH AVE N**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ Addition
NAME **Guy Bond, Dir.**
STREET ADDRESS **465 Eleventh Ave N**
CITY-ST-ZIP **Jacksonville Bch, FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **Susan B. McInnis, Treasurer 4/29/03** **904.396.4015**

CR2E037 (10/02)