

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701407 (9)

1. Corporation Name

SAN JOSE EPISCOPAL DAY SCHOOL FOUNDATION, INC.



Principal Place of Business

Mailing Address

7423 SAN JOSE BLVD
JACKSONVILLE FL 32217

7423 SAN JOSE BLVD
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified

09/06/1960

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

TAYLOR, FRANKLIN REV.
7423 SAN JOSE BLVD.
JACKSONVILLE FL 32217

4. FEI Number

23-7230023

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

10. Name and Address of New Registered Agent

81

Name

Lee Nimnicht

82

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

7423 San Jose Blvd.

83

84

City

Jacksonville

FL

85

Zip Code
32217

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

LA NIMNICH TAYLOR

(NOTE: Registered Agent signature required when transferring)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE DT ☒ DELETE
NAME STENKLYFT, GERALD H. J
STREET ADDRESS 14688 S. LONGVIEW DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DP ☒ DELETE
NAME KINGSNORTH, MARK
STREET ADDRESS 11808 STONEBIRGE DR W
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE
NAME BENNETT, CARL
STREET ADDRESS 3747 RUSTIC LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director ☐ Change ☒ Addition
1.2 NAME E.H. Pearch
1.3 STREET ADDRESS 1042 Popolee Rd. Ext.
1.4 CITY-ST-ZIP Jacksonville, FL 32259

2.1 TITLE Vice President, Director ☐ Change ☒ Addition
2.2 NAME Ron Foster
2.3 STREET ADDRESS 11960 Little Creek Lane
2.4 CITY-ST-ZIP Jacksonville, FL 32223

3.1 TITLE Treasurer, Director ☐ Change ☒ Addition
3.2 NAME Lee Nimnicht
3.3 STREET ADDRESS 1141 Peachtree St.
3.4 CITY-ST-ZIP Jacksonville, FL 32207

4.1 TITLE Secretary, Director ☐ Change ☒ Addition
4.2 NAME George Dean
4.3 STREET ADDRESS 2374 Segovia Ave.
4.4 CITY-ST-ZIP Jacksonville, FL 32217

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 733 3033

CR2E037 (12/95)