

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 14 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
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 32217-3429**

3. Date Incorporated or Qualified **09/06/1960** 3a. Date of Last Report **07/09/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>23-7230023</b>	Not Applicable
<b>22</b> City & State	<b>27</b> City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>30</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>NIMICHT, LEE 7423 SAN JOSE BLVD. JACKSONVILLE FL 32217</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> <b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEARCE, E.H.</b>	1.2 NAME	<b>Sam Armstrong</b>
STREET ADDRESS	<b>1042 POPOLEE RD. EXT.</b>	1.3 STREET ADDRESS	<b>2828 Forest Circle</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOSTER, RON</b>	2.2 NAME	<b>Foster, Ron</b>
STREET ADDRESS	<b>11980 LITTLE CREEK LANE</b>	2.3 STREET ADDRESS	<b>11980 Little Creek Lane</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32223</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINICHT, LEE</b>	3.2 NAME	<b>Nimicht, Lee</b>
STREET ADDRESS	<b>1141 PEACHTREE ST.</b>	3.3 STREET ADDRESS	<b>1141 Peachtree St</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEAN, GEORGE</b>	4.2 NAME	<b>Sylvia Wrenn</b>
STREET ADDRESS	<b>2374 SEGOVIA AVE.</b>	4.3 STREET ADDRESS	<b>1637 Sorrento Rd.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)

*[Handwritten signatures and dates]* 5/10/97 and 200 0196