


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701407** (9)  
1. Corporation Name  
**SAN JOSE EPISCOPAL DAY SCHOOL FOUNDATION, INC.**



Principal Place of Business <b>7423 SAN JOSE BLVD JACKSONVILLE FL 32217</b>		Mailing Address <b>7423 SAN JOSE BLVD JACKSONVILLE FL 32217</b>		3. Date Incorporated or Qualified <b>09/06/1960</b>	
				4. FEI Number <b>23-7230023</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>23</b>		City & State <b>28</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

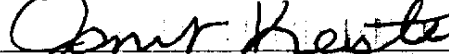
9. Name and Address of Current Registered Agent <b>NIMNIGHT NIMNIGHT, LEE 7423 SAN JOSE BLVD. JACKSONVILLE FL 32217</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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11. 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>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARMSTRONG, SAM</b>	1.2 NAME	<b>Steve Shadler</b>
STREET ADDRESS	<b>2828 FOREST CIR.</b>	1.3 STREET ADDRESS	<b>3649 River Hall Dr</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>O</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FOSTER, RON</b>	2.2 NAME	<b>Janet Keister</b>
STREET ADDRESS	<b>11960 LITTLE CREEK LANE</b>	2.3 STREET ADDRESS	<b>2900 Harbison Rd</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<b>D Nimnicht</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIMNIGHT, LEE</b>	3.2 NAME	
STREET ADDRESS	<b>1141 PEACHTREE ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WREN, SYLVIA</b>	4.2 NAME	
STREET ADDRESS	<b>1037 SORRENTO RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
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 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.

SIGNATURE:  **4-29-98 904/260-2900**

CR2E037 (10/97)