

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 701407**

1. Entity Name  
**SAN JOSE EPISCOPAL DAY SCHOOL FOUNDATION,  
INC.**



Principal Place of Business  
**7423 SAN JOSE BLVD  
JACKSONVILLE, FL 32217**

Mailing Address  
**7423 SAN JOSE BLVD  
JACKSONVILLE, FL 32217**

**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**23-7230023**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAMS, ELIZABETH  
7423 SAN JOSE BLVD  
JACKSONVILLE, FL 32217**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WILLIAMS, ELIZABETH
STREET ADDRESS	7423 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	V
NAME	NIMNIGHT, LEE A
STREET ADDRESS	7423 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	S
NAME	WREN, SYLVIA
STREET ADDRESS	7423 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	T
NAME	GREENE, MATT
STREET ADDRESS	7423 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000752472  
05/21/07-80017-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Elizabeth Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ELIZABETH WILLIAMS**

**4-30-2007** **(904)281-7606**

Date

Daytime Phone #