

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706784**  
 1. Entity Name  
 THE EPISCOPAL CHURCH IN THE DIOCESE OF FLORIDA, INC.



Principal Place of Business: 325 MARKET STREET JACKSONVILLE, FL 32202  
 Mailing Address: 325 MARKET STREET JACKSONVILLE, FL 32202



04132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-0637899 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ISAAC, FRED  
 325 MARKET ST.  
 JACKSONVILLE, FL 32202

**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: \_\_\_\_\_ (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	T
NAME	WILKERSON, JAMES R JR
STREET ADDRESS	325 MARKET ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PD
NAME	HOWARD, SAMUEL JOHNSON
STREET ADDRESS	325 MARKET ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	ISAAC, FRED
STREET ADDRESS	325 MARKET STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	STUART, ROBERT A.
STREET ADDRESS	325 MARKET ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000718176  
 05/01/07-80011-011 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: James R Wilkerson Jr. Date: 4-16-07 Daytime Phone #: 904-356-1328