

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 # 710557 (0)

1. Corporation Name

EPISCOPAL HIGH SCHOOL OF JACKSONVILLE, FLORIDA, INC.



Principal Place of Business

Mailing Address

4455 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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JACKSONVILLE FL 32207

3. Date Incorporated or Qualified 03/21/1966
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1147278

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSEY, STEPHEN D.
SMITH & HULSEY
1800 FLA. NATIONAL BANK TOWER
JACKSONVILLE FL 32201-0315

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWER, E BRUCE	1.2 NAME	Graham, Jr., Henry H. "Tip"
STREET ADDRESS	4789 APALACHE ST	1.3 STREET ADDRESS	3787 Ortega Boulevard
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINDELL, JAMES R.	2.2 NAME	Swindell, James R.
STREET ADDRESS	1016 SEAWOOD DR.	2.3 STREET ADDRESS	1016 Seawood Drive
CITY-ST-ZIP	NEPTUNE BCH FL	2.4 CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	VCT <input type="checkbox"/> DELETE	3.1 TITLE	VC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELTSEK, GUSTAVE J. JR.	3.2 NAME	Weltsek, Jr., Gustave J.
STREET ADDRESS	256 E CHURCH STREET	3.3 STREET ADDRESS	7504 Holiday Road South
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, BARBARA	4.2 NAME	Wingard, Gaile E.
STREET ADDRESS	1231 GLENGARRY RD	4.3 STREET ADDRESS	4531 Ortega Boulevard
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	CT <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSEY, STEPHEN D	5.2 NAME	Busey, Stephen D.
STREET ADDRESS	3847 ORTEGA BLVD	5.3 STREET ADDRESS	3847 Ortega Boulevard
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	400001782194
STREET ADDRESS		6.3 STREET ADDRESS	-04/16/96--01044--036
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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: Stephen D. Busey 3/11/96 404-359-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)