


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 4455 ATLANTIC BLVD. JACKSONVILLE FL 32207	Mailing Address 4455 ATLANTIC BLVD. JACKSONVILLE FL 32207
---	---

3. Date Incorporated or Qualified 03/21/1966		
4. FEI Number 59-1147278	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	Smith, Hulseys & Busey
82 Street Address (P.O. Box Number is Not Acceptable)	1800 First Union Bank Tower
83 City	FL
84 Zip Code	32201-3315

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GRAHAM, HENRY H., JR. "TIP"	
STREET ADDRESS	3787 ORTEGA BLVD.	
CITY - ST - ZIP	JACKSONVILLE, FL 32210	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SWINDELL, JAMES R.	
STREET ADDRESS	1018 SEAWOOD DR.	
CITY - ST - ZIP	NEPTUNE BCH FL 32266	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	WELTSEK, GUSTAVE J. JR.	
STREET ADDRESS	7504 HOLIDAY RD S.	
CITY - ST - ZIP	JACKSONVILLE, FL 32216	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINGARD, GAILE E.	
STREET ADDRESS	4531 ORTEGA BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSEY, STEPHEN D	
STREET ADDRESS	3847 ORTEGA BLVD	
CITY - ST - ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: * *Stephen D. Busey* 4/17/98 904 3597700

CF2E037 (10/97)