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Apr 09, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710557

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
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* 3 311437-90027-31



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	Za. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/21/1966
		4. FEI Number 59-1147278
		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

9. Name and Address of Current Registered Agent

**BUSEY, STEPHEN D.
 SMITH, HULSEY & BUSEY
 1800 FIRST UNION BANK TOWER
 JACKSONVILLE FL 32201**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, HENRY H., JR. "TIP"	
STREET ADDRESS	3787 ORTEGA BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SWINDELL, JAMES R.	
STREET ADDRESS	1016 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		Change	Addition
1.1 TITLE	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Bond, William B.		
1.3 STREET ADDRESS	8106 Summit Ridge Lane		
1.4 CITY-ST-ZIP	Jacksonville, FL 32256		
2.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Mitchell, John A. III		
2.3 STREET ADDRESS	1897 Beach Avenue		
2.4 CITY-ST-ZIP	Atlantic Beach, FL 32233		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *S. Busey* 3/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)