FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE: _

DOCUMENT # 710640

(4)

EPISCOPAL CHILDREN'S SERVICES, INC.

FILED								
May 01	1996	8:00 am						
Secret	ary of	State						

Daytime Prione #

Principal Place		Mailing Address 4070 BLVD CENTER DI SUITE 200	A			
	LE FL 32207	JACKSONVILLE FL 322	207		Date Incorporated or Qualified	3a. Date of Last Report
US		US			03/31/1966	02/15/1995
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEt Number 59-1146765	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Hequired
City & Stat	0	City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	28 Zip	Cou	intry	This corporation has liability for	
24	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	legistered Agent
				81 Name	Susan Wilk	linson
	SON SUSAN			82 Street A	Address (P.O. Box Number is Not Acceptab	(A) C (H)
	CHURCH ST			83	10 Bouleyard Cen	1 CT DI, JUNE 200
JACKS	ONVILLE FL 32203					
				84 City	ac Ksanville	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	anc 617,1508, Florida Statut	tes, the abo	ove-named co	rporation submits this statement for the pu	rpose of changing its registered office
or registe	ored agent, or both, in the State of Florid	da, Such change was authorizi ion 617 0503. Florida Statutes	zed by the	corporation's I	board of directors. I hereby accept the app	ointment as registered agent. I am
	and description of the second	11/11				
SIGNATURE	Signature, typed or philips as he or registered age.			d Agent signature re	quired when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	CD	□DELETE	1.11			Change Addition
NAME	JECKO STEPHEN		1	IAME		
STREET ADDRESS	325 MARKET STREET			TREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	2.1 1	OTTY-ST-ZIP		☐ Change ☐ Addition
TITLE	ED MAIN MINION CHICAN	Dotter		IAME		
NAME STREET ADDRESS	WILKINSON, SUSAN 1001 NEPTUNE LANE		•	STREET ADDRESS		
1	NEPTUNE BEACH FL			CITY-ST-ZIP		
CITY-ST-ZIP TITLE	PD PD	DELETE	3.1 T			Change Addition
NAME	BOONE, BARBARA		3.2 1	IAME		
STREET ADDRESS	520 1ST STREET		3.3 \$	STREET ADDRESS		
CHTY-ST-ZIP	NEPTUNE BEACH FL	•		CITY-ST-ZIP		
TITLE	S	DELETE	4.11	TITLE	5 , ,,,	Change Addition
NAME	FLOWERS, MIKE	<i>,</i> ,	4.2	NAME	Paula Weatherk your Cordova A Jacksonville, FL	y ·
STREET ADDRESS			4.3 5	STREET ADDRESS	4062 Cordova_A	ve.
CITY-ST-ZIP	JACKSONVILLE FL			DITY-ST-ZIP	Jacksonville, FL	32207
TITLE	Ι Τ	DELETE		TITLE	,	Change Addition
NAME	BORDERS, EDWIN			NAME		
STREET ADDRESS	1510155			STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL	Districts		CITY-ST-ZIP		Change Addition
TITLE	S SOOT AND S	DELETE	B B	TITLE	andt Ann	
NAME	BRODT, ANNE	·r		NAME	Brodt, Anne Bas Deep Lago	on Pl
STREET ADDRESS	10000 0000	E		STREET ADDRESS	Tock can will E	23316
CITY-ST-ZIP	JACKSONVILLE FL 32216 above certify that the information supplied	with this filing is voluntarily fur	nished and	CITY-ST-ZIP I does not qua	Tackson Ville FL alify for the exemption stated in Section 118	0,07(3)(k), Florida Statutes. I further
certify th	at the information indicated on this ann	iual report or supplemental an oration or the receiver or trust	inual report ee empow	is true and ac	courate and that my signature shall have the le this report as required by Chapter 617, F	e same legal ettect as it made under

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR