SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 19 1998 8:00am
Secretary of State

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DOCUMENT # 710640 (4)

1. Corporation Name
EPISCOPAL CHILDREN'S SERVICES, INC.

Principal Place of Business	Mailing Address
4070 BLVD CENTER DR SUITE 200 JACKSONVILLE FL 32207 US	4070 BLVD CENTER DR SUITE 200 JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 03/31/1966

4. FEI Number: 59-1146765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

WILKINSON SUSAN
4070 BOULEVARD CENTER DR., SUITE 200
JACKSONVILLE FL 32207

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	JECKO STEPHEN		1.2 NAME	GAIL LARSON	
STREET ADDRESS	325 MARKET STREET		1.3 STREET ADDRESS	7535 HOLLYRIDGE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	ED	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	WILKINSON, SUSAN		2.2 NAME	KATHY WILSON	
STREET ADDRESS	1001 NEPTUNE LANE		2.3 STREET ADDRESS	1584 KNOTTINGHAM KNOLL DR.	
CITY-ST-ZIP	NEPTUNE BEACH FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	P	☒ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	BOONE, BARBARA		3.2 NAME	SLATER, AMY	
STREET ADDRESS	520 1ST STREET		3.3 STREET ADDRESS	4604 ARLON LANE	
CITY-ST-ZIP	NEPTUNE BEACH FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	S	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	WEATHERBY, PAULA		4.2 NAME		
STREET ADDRESS	4062 CORDOVA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	ARIAS, DONNA		5.2 NAME	ROSS, BRENT	
STREET ADDRESS	346 FIFTH STREET		5.3 STREET ADDRESS	4070 BLVD CENTER DR. STE 200	
CITY-ST-ZIP	ATLANTIC BEACH FL		5.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	P	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	BRODT, ANNE		6.2 NAME	JUDAS, SUZANNE	
STREET ADDRESS	12928 DEEP LAGOON PLACE		6.3 STREET ADDRESS	JACKSONVILLE, FL	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Susan S Wilkinson 7/8/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #