FILE NOW: FILING FEE IS $61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90088 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710640

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/31/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-1146765 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	QD/FD	☐ Change ☒ Addition
NAME	JECKO STEPHEN		1.2 NAME	Stophel, Connie	
STREET ADDRESS	325 MARKET STREET		1.3 STREET ADDRESS	5201 Atlantic Blvd. #94	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	ED	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILKINSON, SUSAN		2.2 NAME		
STREET ADDRESS	1001 NEPTUNE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	LARSON, GAIL		3.2 NAME		
STREET ADDRESS	7535 HOLLYRIDGE CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	PE	☒ Change ☐ Addition
NAME	WILSON, KATHY		4.2 NAME		
STREET ADDRESS	1584 KNOTTINGHAM KNOLL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARIAS, DONNA		5.2 NAME		
STREET ADDRESS	346 FIFTH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, BRENT		6.2 NAME		
STREET ADDRESS	4070 BLVD CENTER DR, #200		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		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 _____ 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)