2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# 710640

Entity Name: EPISCOPAL CHILDREN'S SERVICES, INC.

Current Principal Place of Business:

100 BELL TEL WAY
SUITE 100
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

100 BELL TEL WAY
SUITE 100
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-1146765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WILES, SUSANI	
Address:	1100 SAWGRASS VILLAGE DR., #201E	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	TD	( ) Delete
Name:	MULLINIX, TED	
Address:	111 RIVERSIDE AVE.	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	D	( ) Delete
Name:	DAVIS, NAT	
Address:	1416 JEFFERSON STREET	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	CD	( ) Delete
Name:	GIONOULIS, DEBORAH	
Address:	P.O. BOX 5270	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	MARTIN, CHRISTOPHER REV.	
Address:	400 ST. JOHNS AVE.	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	D	(X) Delete
Name:	FANNIN, MEL	
Address:	625-D PONTE VEDRO BLVD.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PRES	(X) Change ( ) Addition
Name:	FANNIN, MEL	
Address:	625-D PONTE VEDRO BLVD.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GIONOULIS, DEBORAH	
Address:	P.O. BOX 5270	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE TETSWORTH CFO 01/13/2006

Electronic Signature of Signing Officer or Director — Date