## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710640**

FILED Apr 26, 2007 Secretary of State

Entity Name: EPISCOPAL CHILDREN'S SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

100 BELL TEL WAY SUITE 100

JACKSONVILLE, FL 32216 US

Current Mailing Address: New Mailing Address:

100 BELL TEL WAY SUITE 100

JACKSONVILLE, FL 32216 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition Name: FANNIN, MEL Name: MULLINIX, TED

Address: 625-D PONTE VEDRO BLVD. Address: 111 RIVERSIDE AVE.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete Title: S/T (X) Change ( ) Addition

Name: MULLINIX, TED Name: WHITNER, JOHN

Address: 111 RIVERSIDE AVE. Address: 225 WATER ST., 2ND FLOOR MC FL0074
City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32202

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

Name: DAVIS, NAT Name: SHIMP, EARL

Address: 1416 JEFFERSON STREET Address: 402 HECKSCHER DRIVE City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: JACKSONVILLE, FL 32226

Name: GIONOULIS, DEBORAH Name: HEALD, DEBORAH
Address: P.O. BOX 5270 Address: 2070 OAK HAMMOCK DR.

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete Title: () Change () Addition

 Name:
 MARTIN, CHRISTOPHER REV.
 Name:

 Address:
 400 ST. JOHNS AVE.
 Address:

 City-St-Zip:
 GREEN COVE SPRINGS, FL 32043
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: FANNIN. MEL

Address: Address: 625-D PONTE VEDRA BLVD.
City-St-Zip: City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify 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: LEILA A. EISOLD CONT 04/26/2007

Electronic Signature of Signing Officer or Director

Date