

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710640

FILED
Apr 30, 2009
Secretary of State

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: PRES () Delete
Name: MULLINIX, TED
Address: 111 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL

Title: S/T () Delete
Name: WHITNER, JOHN
Address: 225 WATER ST., 2ND FLOOR MC FL0074
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: SHIMP, EARL
Address: 402 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: HEALD, DEBORAH
Address: 2070 OAK HAMMOCK DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MARTIN, CHRISTOPHER REV.
Address: 400 ST. JOHNS AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: FANNIN, MEL
Address: 625-D PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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 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: TED MULLINIX

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date