


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711993 (6)**

1. Corporation Name  
**EPISCOPAL HIGH SCHOOL OF JACKSONVILLE FOUNDATION, INC.**



Principal Place of Business <b>4455 ATLANTIC BLVD. JACKSONVILLE FL 32207</b>	Mailing Address <b>4455 ATLANTIC BLVD. JACKSONVILLE FL 32207</b>
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3. Date Incorporated or Qualified <b>12/21/1966</b>	Applied For
4. FEI Number <b>23-7003394</b>	Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**ABNEY, MICHAEL D  
6440 ATLANTIC BLVD.  
JACKSONVILLE FL 32211**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>Accustaff Inc.</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>One Independent Dr</b>
<b>83</b> City	<b>FL</b>
<b>84</b> Zip Code	<b>32202</b>

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 *Jan C. Thompson* (NOTE: Registered Agent signature required when reinstating) DATE **05-30-98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYAN, JACOB F IV</b>	
STREET ADDRESS	<b>5249 YACHT CLUB ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>CT</b>	<input type="checkbox"/> DELETE
NAME	<b>DONAHOO, THOMAS M</b>	
STREET ADDRESS	<b>4364 MCGIRTS BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VCT</b>	<input type="checkbox"/> DELETE
NAME	<b>ABNEY, MICHAEL D</b>	
STREET ADDRESS	<b>4830 MAID MARIAN LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>TT</b>	<input type="checkbox"/> DELETE
NAME	<b>NASH, WILLIAM E JR</b>	
STREET ADDRESS	<b>505 LNACASTER STREET #7 A/B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMIDT, GERT H.W.</b>	
STREET ADDRESS	<b>4232 ORTEGA FOREST DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WINSTON, JAMES H</b>	
STREET ADDRESS	<b>PO BOX 2820 NA</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>V</b>	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>Tr</b>	<b>Trustee</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>P</b>	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>S</b>	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>Tr</b>	<b>Trustee</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<b>Tr</b>	<b>Trustee</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 as an attachment with an address.

SIGNATURE *Michael D. Abney* DATE **4/2/98** **904/360-2250**

CFR2E037 (10/97)