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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711993

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

Principal Place of Business 4455 ATLANTIC BLVD. JACKSONVILLE FL 32207	Mailing Address 4455 ATLANTIC BLVD. JACKSONVILLE FL 32207
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/21/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7003394
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ABNEY, MICHAEL D ACCUSTAFF, INC. ONE INDEPENDENT DR JACKSONVILLE FL 32202		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 617.2008, 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: *Michael D. Abney* (NOTE: Registered Agent signature required when reinstating) DATE: 3/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	C
NAME	BRYAN, JACOB F IV	1.2 NAME	
STREET ADDRESS	5249 YACHT CLUB ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	D
NAME	DONAHOO, THOMAS M	2.2 NAME	
STREET ADDRESS	4364 MCGIRTS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	D
NAME	ABNEY, MICHAEL D	3.2 NAME	
STREET ADDRESS	4830 MAID MARIAN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	VC
NAME	NASH, WILLIAM E JR	4.2 NAME	
STREET ADDRESS	505 LNCASER STREET #7 A/B	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	S
NAME	SCHMIDT, GERT H.W.	5.2 NAME	Stein, Robert L.
STREET ADDRESS	4232 ORTEGA FOREST DRIVE	5.3 STREET ADDRESS	3903 Ortega Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	T	6.1 TITLE	
NAME	WINSTON, JAMES H	6.2 NAME	
STREET ADDRESS	PO BOX 2820 NA	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: *Michael D. Abney* DATE: 3/29/99 DAYTIME PHONE #: 904)360-2550

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