2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711993

FILED Apr 27, 2005 Secretary of State

Entity Name: EPISCOPAL HIGH SCHOOL OF JACKSONVILLE FOUNDATION, INC.

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	ANTIC BLVD. IVILLE, FL 32207	,			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	ANTIC BLVD. IVILLE, FL 32207	,			
El Number	: 23-7003394	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
ame and	d Address of Cur	rrent Registered Agent:	Name and Addre	ess of New Registered Agent:	
106 SUM	ILLIAM D MR. IMIT RIDGE LANE IVILLE, FL 32256				
	e named entity sub e of Florida.	omits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
IGNATU	RE:				
	Electronic	Signature of Registered Age	ent	Date	
FFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
tle: ame: ddress: ity-St-Zip:	VC () De WALTON, WILLIAI 545 PONTE VEDR JACKSONVILLE, F	M, III H MR. A BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame: ddress: ty-St-Zip:	D () De TERRY, DONNA L 1220 JOURNEY'S JACKSONVILLE, F	MS. END LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
ame: ldress: ty-St-Zip: :le: ame: ldress:	TERRY, DONNÁ L 1220 JOURNEY'S	MS. END LANE FL 32223 US elete D MR. IGE LANE	Name: Address:	()Change ()Addition ()Change ()Addition	
ame: Idress:	TERRY, DONNA L 1220 JOURNEY'S JACKSONVILLE, F C () De BOND, WILLIAM D 8106 SUMMIT RID	MS. END LANE FL 32223 US elete D MR. DGE LANE FL 32256 US elete E MR. E STREET	Name: Address: City-St-Zip: Title: Name: Address:		
ame: Idress: ty-St-Zip: Idress: Idress: ty-St-Zip: Idress: ty-St-Zip: Idress: Idress:	TERRY, DONNA L 1220 JOURNEY'S JACKSONVILLE, F C () De BOND, WILLIAM D 8106 SUMMIT RID JACKSONVILLE, F D () De BOWER, BRUCE I 4789 APALACHEE	MS. END LANE FL 32223 US elete D MR. DGE LANE FL 32256 US elete E MR. E STREET FL 32210 US elete MR. CA STREET	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM B. BOND C 04/27/2005