

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711993

FILED
Apr 28, 2006
Secretary of State

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

Current Principal Place of Business:

4455 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4455 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 23-7003394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, WILLIAM D MR.
8106 SUMMIT RIDGE LANE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MITCHELL, III, JOHN A MR.
4444 CATHEYS CLUB LANE
JACKSONVILLE, FL 32224 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: JOHN A. MITCHELL, III

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: WALTON, WILLIAM, III H MR.
Address: 545 PONTE VEDRA BLVD
City-St-Zip: JACKSONVILLE, FL 32082 US

Title: D () Delete
Name: TERRY, DONNA L MS.
Address: 1220 JOURNEY'S END LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: C () Delete
Name: BOND, WILLIAM D MR.
Address: 8106 SUMMIT RIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: BOWER, BRUCE E MR.
Address: 4789 APALACHEE STREET
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: S () Delete
Name: HEINZ, JAMES A MR.
Address: 1124 BAHIA BLANCA STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: T () Delete
Name: HEINZ, JAMES A MR.
Address: 1124 BAHIA BLANCA STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: WEAVER, MATTHEW MR
Address: 4918 PRINCE EDWARD ROAD
City-St-Zip: JACKSONVILLE, FL 32210 US

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

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

Title: () Change () Addition
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 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: JOHN A. MITCHELL, III

C

04/28/2006

Electronic Signature of Signing Officer or Director

Date