2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# 719410

Entity Name: THE RECTOR, WARDENS AND VESTRY OF ST. JOHNS PARISH, AT JACKSONVILLE, FLORIDA

Current Principal Place of Business:

256 EAST CHURCH STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-0838101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSEY, STEPHEN D.
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:	DT	( ) Delete
Name:	WINNEY, CHARLES	
Address:	7598 OLD KINGS ROAD SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32217 US	
Title:	DS	( ) Delete
Name:	BELL, DONNA	
Address:	9981 HAWK HALLOW ROAD	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:	D	( ) Delete
Name:	LESTER, DON	
Address:	1620 SEMINOLE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32205 US	
Title:	D	( ) Delete
Name:	BUSEY, STEPHEN D.	
Address:	3847 ORTEGA BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32210 US	
Title:	D	( ) Delete
Name:	JACKSON, DEBORAH M	
Address:	5620 COLUMBIA PLACE	
City-St-Zip:	JACKSONVILLE, FL 32210 US	
Title:	D	( ) Delete
Name:	WALKER, DOUGLAS A	
Address:	1315 ST. ELMO DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32207 US	

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:	
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 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: CHARLES WINNEY DT 05/01/2009
Electronic Signature of Signing Officer or Director — Date