

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756805 (8)
1. Corporation Name
THE PRESBYTERY OF SUWANNEE FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O EDWIN W ALBRIGHT, JR.
1937 UNIVERSITY BLVD W
JACKSONVILLE FL 32217
C/O EDWIN W ALBRIGHT, JR.
1937 UNIVERSITY BLVD W
JACKSONVILLE FL 32217-2013

3. Date Incorporated or Qualified 03/17/1981 3a. Date of Last Report 03/06/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-6014964 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ALBRIGHT, EDWIN W JR
1937 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

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 617.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRIGHT, EDWIN W JR	1.2 NAME	Martha Holman
STREET ADDRESS	1937 UNIVERSITY BLVD W	1.3 STREET ADDRESS	1637 Beach Avenue
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, CYNTHIA C	2.2 NAME	Ann VanDenberg
STREET ADDRESS	8392 BRIERWOOD ROAD	2.3 STREET ADDRESS	173 Barberry Lane
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURCIFULL, BOB	3.2 NAME	Hamilton Cooke
STREET ADDRESS	12940 RIVER PLACE CT.	3.3 STREET ADDRESS	2254 Riverplace Tower
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	PTD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN, JAMES A	4.2 NAME	Stuart Dornblaser
STREET ADDRESS	1925 WOODLEIGH DR W	4.3 STREET ADDRESS	2801 S. Ponte Vedra Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TOM	5.2 NAME	
STREET ADDRESS	RT. 13 BOX 50	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMISTON, MARGARET ANN	6.2 NAME	
STREET ADDRESS	75 AVISTA CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *James A. Irwin* 2-28-97 (504) 1538277

CR2E037 (9/96)