


FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756805 (8)
1. Corporation Name
THE PRESBYTERY OF SUWANNEE FOUNDATION, INC.



Principal Place of Business C/O EDWIN W ALBRIGHT, JR. 1937 UNIVERSITY BLVD W JACKSONVILLE FL 32217	Mailing Address C/O EDWIN W ALBRIGHT, JR. 1937 UNIVERSITY BLVD W JACKSONVILLE FL 32217
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3. Date Incorporated or Qualified 03/17/1981
4. FEI Number 59-6014964
Applied For <input type="checkbox"/> Not Applicable

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
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 Michael E. Williams	82 Street Address (P.O. Box Number is Not Acceptable) 1937 University Blvd. W.
83 City Jacksonville	84 State FL
85 Zip Code 32217	

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 *Michael E. Williams* DATE **3/18/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALBRIGHT, EDWIN W JR 1937 UNIVERSITY BLVD W JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARR, CYNTHIA C 8392 BRIERWOOD ROAD JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PURCIFULL, BOB 12940 RIVER PLACE CT. JACKSONVILLE FL 32223 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD IRWIN, JAMES A 1925 WOODLEIGH DR W JACKSONVILLE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, TOM RT. 13 BOX 50 LAKE CITY FL 32055 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDMISTON, MARGARET ANN 75 AVISTA CIRCLE ST. AUGUSTINE FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Martha Holman 1637 Beach Avenue Atlantic Beach, FL 32233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Ann VanDenberg 173 Barberrry Lane Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D David Booher 4304 Sherwood Road Jacksonville, FL 32210-5833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Stuart Dornblaser 2801 S. Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D Hamilton Cooke 2254 Riverplace Tower Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]*

3-4-98

CR2E037 (10/97)