

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90269 006 \*\*\*\*61.25

**DOCUMENT # N00000001871**

1. Entity Name

**ST. GEORGE EPISCOPAL CHURCH CHARITABLE FOUNDATIO  
N, INC.**

Principal Place of Business

Mailing Address

**10560 FORT GEORGE RD.  
FORT GEORGE ISLAND FL 32226**

**10560 FORT GEORGE RD.  
FORT GEORGE ISLAND FL 32226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3207295**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, KAMMY B REV.  
10560 FORT GEORGE RD.  
FORT GEORGE ISLAND FL 32226**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☐ Delete  
NAME **OWENS, RONALD M**  
STREET ADDRESS **10158 WINDWARD WAY NORTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **SUMNER, JACK R**  
STREET ADDRESS **2215 ALICIA LN**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **DALY, III, DR. RAYMOND E REV.**  
STREET ADDRESS **274 DEER RUN DR**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **YOUNG, KAMMY B REV.**  
STREET ADDRESS **10560 FORT GEORGE RD.**  
CITY-ST-ZIP **FORT GEORGE ISLAND FL 32226**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **BLISS, HOMER**  
STREET ADDRESS **15475 N. CAPE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TT** ☐ Delete  
NAME **RIDLEY, FRANK**  
STREET ADDRESS **1585 REGATTA DR**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)