

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

0065749

DOCUMENT # N00000001871

1. Entity Name

ST. GEORGE EPISCOPAL CHURCH CHARITABLE FOUNDATIO  
N, INC.



Principal Place of Business

10560 FORT GEORGE RD.  
FORT GEORGE ISLAND FL 32226

Mailing Address

10560 FORT GEORGE RD.  
FORT GEORGE ISLAND FL 32226

FILED

04 MAY -5 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name The Rev. DR. RAYMOND E. DALY III  
Street Address (P.O. Box Number is Not Acceptable)  
160 SEA ISLAND DRIVE  
City PONTE VEDRA FL Zip Code 32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Raymond E. Daly III, President

4/26/04

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	OWENS, RONALD M	<input checked="" type="checkbox"/> Delete
NAME		10158 WINDWARD WAY NORTH	
STREET ADDRESS		JACKSONVILLE FL 32256	
CITY-ST-ZIP			
TITLE	ST	SUMNER, JACK R	<input checked="" type="checkbox"/> Delete
NAME		2215 ALICIA LN	
STREET ADDRESS		ATLANTIC BEACH FL 32233	
CITY-ST-ZIP			
TITLE	T	DALY, III, DR. RAYMOND E REV.	<input type="checkbox"/> Delete
NAME		274 DEER RUN DR	
STREET ADDRESS		PONTE VEDRA BEACH FL 32082	
CITY-ST-ZIP			
TITLE	T	YOUNG, KAMMY B REV.	<input type="checkbox"/> Delete
NAME		10560 FORT GEORGE RD.	
STREET ADDRESS		FORT GEORGE ISLAND FL 32226	
CITY-ST-ZIP			
TITLE	T	BLISS, HOMER	<input checked="" type="checkbox"/> Delete
NAME		15475 N. CAPE DR.	
STREET ADDRESS		JACKSONVILLE FL 32226	
CITY-ST-ZIP			
TITLE	TT	RIDLEY, FRANK	<input checked="" type="checkbox"/> Delete
NAME		1585 REGATTA DR	
STREET ADDRESS		FERNANDINA BEACH FL 32034	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	CHALFANT EDWARD C. REV.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		337 QUAIL POINTE	
STREET ADDRESS		PONTE VEDRA, FL. 32082	
CITY-ST-ZIP			
TITLE	T	BRYAN JOAN, REV.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		400 SAN JUAN ROAD	
STREET ADDRESS		PONTE VEDRA, FL 32082	
CITY-ST-ZIP			
TITLE	PT	160 SEA ISLAND DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		PONTE VEDRA, FL. 32082	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	ST	300036276243	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		05/13/04--01078--008 **\$61.25	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TT	WEST BURY, RICK REV.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		400 SAN JUAN ROAD	
STREET ADDRESS		PONTE VEDRA, FL. 32082	
CITY-ST-ZIP			
TITLE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

RAYMOND E. DALY III, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

Daytime Phone #

235-285-285

CR2E037 (10/02)