

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N00000001871

1. Entity Name
**ST. GEORGE EPISCOPAL CHURCH CHARITABLE
FOUNDATION, INC.**



Principal Place of Business
**10560 FORT GEORGE RD
FT GEORGE ISLAND, FL 32226**

Mailing Address
**400 SAN JUAN DR
PONTE VEDRA BEACH, FL 32082**



04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DALY, RAYMOND III
160 SEA ISLAND DR
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BRYAN, JOAN REV
STREET ADDRESS	400 SAN JUAN ROAD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	PT
NAME	DALY, III, DR. RAYMOND E REV.
STREET ADDRESS	1000 VICARS LANDING WAY., #H302
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	ST
NAME	YOUNG, KAMMY B REV.
STREET ADDRESS	10560 FORT GEORGE RD.
CITY-ST-ZIP	FORT GEORGE ISLAND, FL 32226
TITLE	T
NAME	CHALFANT, EDWARD C REV
STREET ADDRESS	337 QUAIL POINTE
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	TT
NAME	WESTBURY, RICK REV
STREET ADDRESS	400 SAN JUAN ROAD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000720519
05/01/07-80106-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #