2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# N04000011880

Entity Name: EPISCOPAL CHILDRENS SERVICES FOUNDATION, INC.

Current Principal Place of Business:

100 BELL TEL WAY STE 100
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

100 BELL TEL WAY STE 100
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2114554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET STE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRYAN, J.F.
Address: 1 INDEPENDENT SQUARE STE 3201
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: BRYAN, TOM
Address: 455 SAN JUAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: BUSEY, STEVEN D
Address: 225 WATER STREET STE 1800
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: HOWARD, JOHN
Address: 325 MARKET STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: PENNINGTON, BROOKS
Address: 12 SAN JUAN CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: SCHULTZTON, FRED
Address: 118 WEST ADAMS STREET STE 6
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE M. TETSWORTH CFO 01/13/2006

Electronic Signature of Signing Officer or Director Date