

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011880

FILED  
Feb 04, 2008  
Secretary of State

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 (X)

**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: S/T ( ) Delete  
Name: PENNINGTON, BROOKS  
Address: 12 SAN JUAN CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PRES ( ) Delete  
Name: HEALD, DEBORAH  
Address: 2070 OAK HAMMOCK DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: BRYAN, TOM  
Address: 2848 IONIC AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change ( ) Addition  
Name: KRUEGER, ROSS MD  
Address: 4735 ORTEGA BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change ( ) Addition  
Name: HOWARD, MARIE  
Address: 3138 WALTHAM CT.  
City-St-Zip: JACKSONVILLE, FL 32207

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 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: BROOKS PENNINGTON

S/T

02/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date