

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011880

FILED
Apr 30, 2009
Secretary of State

Entity Name: EPISCOPAL CHILDREN'S 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: 2848 IONIC AVE
City-St-Zip: JACKSONVILLE, FL 32210

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

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

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

Title: () Change () Addition
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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 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: DEBORAH HEALD

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date