

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

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000011890**

1. Entity Name  
**ELEVENTH EPISCOPAL DISTRICT ENTERPRISE  
CENTER, INC.**



Principal Place of Business  
**101 EAST UNION STREET SUITE 300  
JACKSONVILLE, FL 32202**

Mailing Address  
**101 EAST UNION STREET SUITE 300  
JACKSONVILLE, FL 32202**



04182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**YOUNG, MCKINLEY BISHOP  
101 EAST UNION STREET SUITE 300  
JACKSONVILLE, FL 32202**

**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 fee 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**

**U000000726896  
05/04/07-80026-006 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
YOUNG, MCKINLEY BISHOP  
101 EAST UNION STREET SUITE 300  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLIAMS, JAMES L  
1840 FRANCIS ST  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WHITE, JOHN SR, REV  
3065 SW 189TH AVE  
MIRAMAR, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUNTER, SAM  
4206 41ST STREET  
VERO BEACH, FL 32967**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROJAS, MAZIE REV.  
5701 BENTGRASS DRIVE #212  
SARASOTA, FL 34235**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #