

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N48641 (7)**  
1. Corporation Name  
**THE EPISCOPAL FOUNDATION OF THE DIOCESE OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**325 MARKET ST  
JACKSONVILLE FL 32202  
US**      **325 MARKET ST  
JACKSONVILLE FL 32202  
US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/27/1992**      **04/24/1995**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

4. FEI Number      Applied For  
**59-3140007**      Not Applicable

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

6. Election Campaign Financing      **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes      Yes  No

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

**SMITH HULSEY & BUSEY  
1800 FIRST UNION NATIONAL BANK TOWER  
225 WATER ST.  
JACKSONVILLE FL 32202**

**10. Name and Address of New Registered Agent**

81 Name      **Fred C. Isaac**  
82 Street Address (P.O. Box Number is Not Acceptable)      **2468 Atlantic Blvd.**  
83        
84 City      **Jacksonville**      FL      85 Zip Code      **32207**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE      *Fred C. Isaac*  
Signature of the registered agent or both if applicable      (NOTE: Registered Agent signature required when transferring)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOVETT, RADFORD</b>
STREET ADDRESS	<b>325 MARKET ST.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ISAAC, FRED C.</b>
STREET ADDRESS	<b>2468 ATLANTIC BLVD.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOND, WILLIAM</b>
STREET ADDRESS	<b>325 MARKET ST.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>PEEPLS, REBECCA G.</b>
STREET ADDRESS	<b>325 MARKET ST</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca G Peoples*      **3/19/96**      **904-356-1328**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
*Rebecca G Peoples*      **SG 4-4-96**

CR2E037 (12/95)