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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000830 (9)**

1. Corporation Name

EPISCOPAL DAY SCHOOL FOUNDATION INC.

Principal Place of Business

**1500 MICCOSUKEE RD.
TALLAHASSEE FL 32308**

Mailing Address

**1500 MICCOSUKEE RD.
TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified

02/17/1994

4. FEI Number

59-3320183

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREWSTER, JAMES R.
547 NORTH MONROE ST
SUITE 203, THE WALKER BLDG
TALLAHASSEE FL 32301**

81 Name

BREWSTER

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WISE, SHERWOOD W JR.**
CITY-ST-ZIP **3318 NORTSHORE CIRCLE
TALLAHASSEE FL 32312**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **LOBELLO, SHARON T**
CITY-ST-ZIP **3034 FERMANAGH DR.
TALLAHASSEE FL 32308**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **COLBERT, JAN B**
CITY-ST-ZIP **1309 COVINGTON DR.
TALLAHASSEE FL 32312**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MOORE, E. PAUL SR.**
CITY-ST-ZIP **2308 MONACO DR.
TALLAHASSEE FL 32308**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SMITH, VIRGINIA W**
CITY-ST-ZIP **328 CORTEZ ST.
TALLAHASSEE FL 32303**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PENTON, APRIL D**
CITY-ST-ZIP **4804 DEERRUN DR.
TALLAHASSEE FL 32312**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

1/21/98

CR2E037 (10/97)