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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000830

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/17/1994

4. FEI Number

59-3320183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

TITLE PD ☐ DELETE

NAME WISE, SHERWOOD W JR.
STREET ADDRESS 3318 NORTSHORE CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE SD ☐ DELETE

NAME LOBELLO, SHARON T
STREET ADDRESS 3034 FERMANAGH DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE TD ☐ DELETE

NAME COLBERT, JAN B
STREET ADDRESS 1309 COVINGTON DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE

NAME MOORE, E. PAUL SR.
STREET ADDRESS 2308 MONACO DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE

NAME SMITH, VIRGINIA W
STREET ADDRESS 328 CORTEZ ST.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

850 877-9201

Daytime Phone #

CR2E037 (1/98)