

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90984 040 ****61.25

DOCUMENT # N96000000331					
1. Entity Name SAN JOSE EPISCOPAL CHURCH FOUNDATION, INC.					
Principal Place of Business 7423 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217-3498			Mailing Address 7423 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217-3498		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04282005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3368537				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NIMNIGHT, LEE A 7423 SAN JOSE BLVD. JACKSONVILLE, FL 32217			Name Williams, Elizabeth		
			Street Address (P.O. Box Number is Not Acceptable) 7423 San Jose Blvd.		
			Jacksonville, FL 32217		
			City		FL Zip Code
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.					
Elizabeth Williams SIGNATURE <u>Elizabeth Williams, President</u> DATE <u>4.29.2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME FOSTER, RON STREET ADDRESS 7423 SAN JOSE BOULEVARD CITY-ST-ZIP JACKSONVILLE, FL 322173498	<input checked="" type="checkbox"/> Delete		TITLE P NAME Williams, Elizabeth STREET ADDRESS 7423 San Jose Blvd CITY-ST-ZIP Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KEISTER, JANET STREET ADDRESS 7423 SAN JOSE BOULEVARD CITY-ST-ZIP JACKSONVILLE, FL 322173498	<input checked="" type="checkbox"/> Delete		TITLE V NAME Grey, Barry STREET ADDRESS 7423 San Jose Blvd CITY-ST-ZIP Jacksonville, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME NIMNIGHT, LEE A STREET ADDRESS 7423 SAN JOSE BOULEVARD CITY-ST-ZIP JACKSONVILLE, FL 322173498	<input type="checkbox"/> Delete		TITLE V NAME Nimnicht, Lee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T NAME Greene, Matt STREET ADDRESS 7423 San Jose Blvd CITY-ST-ZIP Jacksonville, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S NAME Wren, Sylvia STREET ADDRESS 7423 San Jose Blvd CITY-ST-ZIP Jacksonville, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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.					
Elizabeth Williams, President SIGNATURE: <u>Elizabeth Williams</u> Date <u>4.29.2005</u> Daytime Phone # <u>904-271-7606</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					