

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

FILED
May 01, 2007 08:00 A
Secretary of State

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**



04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-3368537 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**WILLIAMS, ELIZABETH
7423 SAN JOSE BLVD.
JACKSONVILLE, FL 32217**

**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 _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLIAMS, ELIZABETH 7423 SAN JOSE BOULEVARD JACKSONVILLE, FL 322173498 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NIMNIGHT, LEE 7423 SAN JOSE BOULEVARD JACKSONVILLE, FL 322173498 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GREENE, MATT 7423 SAN JOSE BLVD JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WREN, SYLVIA 7423 SAN JOSE BLVD JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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05/21/07-80017-015 61.25

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: Elizabeth Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2007 (904) 281-7606
Date Daytime Phone #