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**May 08 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003579 (7)

1. Corporation Name
THE EPISCOPAL FOUNDATION, INC.



Principal Place of Business Mailing Address
325 EAST MARKET ST JACKSONVILLE FL 32202 **325 EAST MARKET ST JACKSONVILLE FL 32202-2732**

3. Date Incorporated or Qualified **07/05/1996** 3a. Date of Last Report
4. FEI Number **59-3393977** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**ISAAC, FRED C
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

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 617.0502, Florida Statutes.
SIGNATURE *[Signature]* DATE **3/30/97**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ERNEST, ALBERT JR.
STREET ADDRESS	1560 LANCASTER TERRACE STE 140
CITY - ST - ZIP	JACKSONVILLE FL 32204
TITLE	D <input type="checkbox"/> DELETE
NAME	LANGFORD, GEORGE R
STREET ADDRESS	837 LAKE RIDGE DRIVE
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAKER, EDWARD L
STREET ADDRESS	POST OFFICE BOX 4667
CITY - ST - ZIP	JACKSONVILLE FL 32201
TITLE	D <input type="checkbox"/> DELETE
NAME	CASSIDY, ARCH W
STREET ADDRESS	50 NO LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	D <input type="checkbox"/> DELETE
NAME	STEIN, JOANNIE
STREET ADDRESS	121 WEST FORSYTH ST. STE 200
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	D <input type="checkbox"/> DELETE
NAME	JECKO, STEPHEN H REV.
STREET ADDRESS	325 MARKET ST
CITY - ST - ZIP	JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
3.2 NAME	P JOHN HAYT
3.3 STREET ADDRESS	1169 QUEENS HARBOR BLVD
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32225
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	

14. I do 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]* DATE **3/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004107

CR2E037 (9/96)