


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003579 (7)**  
1. Corporation Name  
**THE EPISCOPAL FOUNDATION, INC.**



Principal Place of Business <b>325 EAST MARKET ST JACKSONVILLE FL 32202</b>	Mailing Address <b>325 EAST MARKET ST JACKSONVILLE FL 32202</b>
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3. Date Incorporated or Qualified  
**07/05/1996**

4. FEI Number <b>59-3393977</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ERNEST, ALBERT JR.</b>
STREET ADDRESS	<b>1560 LANCASTER TERRACE STE 140</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LANGFORD, GEORGE R</b>
STREET ADDRESS	<b>837 LAKE RIDGE DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HAYT, JOHN</b>
STREET ADDRESS	<b>1169 QUEENS HARBOR BLVD.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASSIDY, ARCH W</b>
STREET ADDRESS	<b>50 NO LAURA STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEIN, JOANNIE</b>
STREET ADDRESS	<b>121 WEST FORSYTH ST. STE 200</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JECKO, STEPHEN H REV.</b>
STREET ADDRESS	<b>325 MARKET ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Rebecca G Peoples* **Rebecca G Peoples** **3/5/98** **904-356-1328**

CP2E037 (10/97)