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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000003579

1. Corporation Name

THE EPISCOPAL FOUNDATION, INC.

Principal Place of Business

325 EAST MARKET ST
 JACKSONVILLE FL 32202

Mailing Address

325 EAST MARKET ST
 JACKSONVILLE FL 32202



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

07/05/1996

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

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 617.0503, 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 DELETE

NAME ERNEST, ALBERT JR.
 STREET ADDRESS 1560 LANCASTER TERRACE STE 140
 CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE DELETE

NAME LANGFORD, GEORGE R
 STREET ADDRESS 837 LAKE RIDGE DRIVE
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DELETE

NAME HAYT, JOHN
 STREET ADDRESS 1169 QUEENS HARBOR BLVD.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE

NAME CASSIDY, ARCH W
 STREET ADDRESS 50 NO LAURA STREET
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE DELETE

NAME STEIN, JOANNIE
 STREET ADDRESS 121 WEST FORSYTH ST. STE 200
 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE 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 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

PRESIDENT
 MCARTY, The Rev BARNUM
 325 MARKET ST
 JACKSONVILLE, FL 32202

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: *Leke...* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

904-356-1328

Daytime Phone #

CR2E037 (1/198)