

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003579

1. Entity Name

THE EPISCOPAL FOUNDATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90052 029 ****61.25

Principal Place of Business

Mailing Address

325 EAST MARKET ST
 JACKSONVILLE FL 32202

325 EAST MARKET ST
 JACKSONVILLE FL 32202-2732

2. Principal Place of Business

325 MARKET ST

3. Mailing Address

325 MARKET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3393977

Applied For

Not Applicable

Zip

32202

Country

USA

Zip

32202-2732

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAAC, FRED C
 2468 ATLANTIC BLVD.
 JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Fred C Isaac

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ERNEST, ALBERT JR.	
STREET ADDRESS	1560 LANCASTER TERRACE STE 140	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGFORD, GEORGE R	
STREET ADDRESS	837 LAKE RIDGE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCARTY, BARNUM REV	
STREET ADDRESS	325 MARKET ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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 checked="" 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	

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, MARSHALL	
STREET ADDRESS	325 MARKET ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMMANDER, CHARLES E	
STREET ADDRESS	325 MARKET ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLER, Rebecca G	
STREET ADDRESS	325 MARKET ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Rebecca G Peoples*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/2000

904-356-1328

Date

Daytime Phone #

CR2E037 (9/99)