2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am DOCUMENT # N9600003579 Secretary of State 05-01-2001 90018 045 ****61.25 THE EPISCOPAL FOUNDATION, INC. Principal Place of Business Mailing Address 325 EAST MARKET ST 325 EAST MARKET ST **UUUUUU** JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3393977 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ISAAC, FRED C 2468 ATLANTIC BLVD. JACKSONVILLE FL 32207 City Zip Code 8. The above named entity sulpmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. × **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HOWELL, MARSHALL NAME STREET ADDRESS STREET ADDRESS 325 MARKET STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete TITLE ☐ Change ☐ Addition TITLE COMMANDER, CHARLES E NAME NAME STREET ADDRESS STREET ADDRESS 325 MARKET STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MCCARTY, BARNUM REV NAME STREET ADDRESS STREET ADDRESS 325 MARKET ST CITY-ST-ZIP -CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE ☐ Delete ☐ Change Addition NAME CASSIDY, ARCH W NAME STREET ADDRESS 50 NO LAURA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE ☐ Delete TITLE ☐ Change Addition PESPLES, REBECCA G NAME NAME STREET ADDRESS STREET ADDRESS 325 MARKET STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE ☐ Addition ☐ Delete ☐ Change TITLE JECKO, STEPHEN H REV. NAME NAME STREET ADDRESS 325 MARKET ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl 32202

12. I hereby certify that the information supplied with this filling 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. becca G Peeples 04/23/01 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR