

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003579

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: THE EPISCOPAL FOUNDATION, INC.

**Current Principal Place of Business:**

325 EAST MARKET ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

325 NORTH MARKET ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

325 EAST MARKET ST  
JACKSONVILLE, FL 32202

**New Mailing Address:**

325 NORTH MARKET ST  
JACKSONVILLE, FL 32202

FEI Number: 59-3393977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISAAC, FRED  
325 MARKET STREET  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

ISAAC, FRED  
325 NORTH MARKET STREET  
JACKSONVILLE, FL 32202 US

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:

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EVANS, GARY  
Address: 325 MARKET STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: ISAAC, FRED  
Address: 325 MARKET STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P ( ) Delete  
Name: MACKIE, JOHN  
Address: 325 MARKET ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: CASSIDY, ARCH W  
Address: 50 NO LAURA STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: HOWARD, SAMUEL J REV  
Address: 325 MARKET ST  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: EVANS, GARY  
Address: 325 NORTH MARKET STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED ISAAC

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date