

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003579

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** THE EPISCOPAL FOUNDATION, INC.

**Current Principal Place of Business:**

325 NORTH MARKET ST  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

325 NORTH MARKET ST  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**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 NORTH MARKET STREET  
JACKSONVILLE, FL 32202 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL J. HOWARD

D

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date