2005 NOT-FOR-PROFIT CORPORATION

Apr 12, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N98000000704** 04-12-2005 90156 046 ****61.25 SAINT PAUL'S EPISCOPAL CHURCH FOUNDATION, INC. Principal Place of Business Mailing Address **10 WEST KING STREET** 10 WEST KING STREET QUINCY, FL 32351 **QUINCY, FL 32351** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-1576254 Applied For Not Applicable 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 Name LINES, BLUCHER B Street Address (P.O. Box Number is Not Acceptable) 121 N MADISON STREET **QUINCY, FL 32351** City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees Make check payable to Filing Fee is \$61.25 Due by May 1, 2005 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. STD TITLE IIII F Addition Delete ☐ Change NAME WOODBERY, JOE P NAME HORNE, THE REV. LANCE C. 3275 TALLAVANA TRAIL HAVANA, FL. 32333 321 W WASHINGTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **QUINCY, FL 32351** CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME LINES, BLUCHER B NAME STREET ADDRESS 121 N MADISON STREET STREET ADDRESS CITY-ST-ZIP **QUINCY, FL 32351** CITY-ST-ZIP PD SD TITLE Delete TITLE ☐ Change Addition LINDSEY, KEIFF 1155 BRAFFORTON DR TALLAHASSEE, FL 32311 ROGERS, JAN NAME STREET ADDRESS 10622 FLORIDA GEORGIA HWY STREET ADDRESS CITY-ST-ZIP" HAVANA, FL 32333 CITY-ST-ZIP--TITLE D 💢 Delete TITS F ☐ Change Addition FISHBURNE, KENAN NAME PARRAMORE, R. EDWARD 336 N JACKSON ST 2385 OLD FEDERAL RD. QUINCY, FL 32351 STREET ADDRESS STREET ADDRESS **QUINCY, FL 32351** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME AUMAN, JAMES NAME ALMAN, JAMES 219 N. DUVAL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32351 CITY-ST-ZIP ☐ Delete TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attact trian with an address, with all other like empowered.

SIGNATURE:

4-10-05

Daytime Phone #

FILED