# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2005**
**Secretary of State**

DOCUMENT# N98000001037

**Entity Name:** SOUTHEAST FLORIDA EPISCOPAL FOUNDATION, INC.

**Current Principal Place of Business:**

8895 N MILITARY TRAIL
SUITE 205-C
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

8895 N MILITARY TRAIL
SUITE 205-C
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number: 65-0934414** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

INTRASTATE REGISTERED AGENT CORPORATION
C/O AKERMAN SENTERFITT
ONE SOUTHEAST THIRD AVE 28TH FLR
MIAMI, FL 33131 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: CD ( ) Delete
Name: COOKSON, TOM
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VCD ( ) Delete
Name: WEAVER, BONNIE
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD ( ) Delete
Name: HAMMER, MUGROSSY
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P ( ) Delete
Name: RINCA, CHARLES B
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

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

Title: TD (X) Change ( ) Addition
Name: HAMMER, MURRAY
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P (X) Change ( ) Addition
Name: RING, CHARLES B
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRIS VALDES COO 01/08/2005

Electronic Signature of Signing Officer or Director — Date