
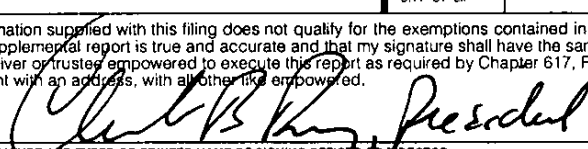


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90059 025 \*\*\*\*70.00

<b>DOCUMENT # N98000001037</b>					
<b>1. Entity Name</b> EPISCOPAL CHARITIES OF SOUTHEAST FLORIDA, INC.					
<b>Principal Place of Business</b> 8895 N MILITARY TRAIL SUITE 205-C PALM BEACH GARDENS, FL 33410 US			<b>Mailing Address</b> 8895 N MILITARY TRAIL SUITE 205-C PALM BEACH GARDENS, FL 33410 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0934414	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GRANTHAM, KIRK 1860 FOREST HILL BOULEVARD SUITE 105 WEST PALM BEACH, FL 33406			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> CD <b>NAME</b> COOKSON, TOM <b>STREET ADDRESS</b> 8895 N MILITARY TRAIL <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> CD <b>NAME</b> Weaver, Bonnie <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VCD <b>NAME</b> WEAVER, BONNIE <b>STREET ADDRESS</b> 8895 N MILITARY TRAIL <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<b>TITLE</b> VCD <b>NAME</b> Reid, Benjamine <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> HAMMER, MURRAY <b>STREET ADDRESS</b> 8895 N MILITARY TRAIL <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> Nichols, D. Alan <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> RING, CHARLES B <b>STREET ADDRESS</b> 8895 N MILITARY TRAIL <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> 			Date: 3-15-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: 561-799-6474		