

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90048 013 ****70.00

DOCUMENT # N98000001037						
1. Entity Name EPISCOPAL CHARITIES OF SOUTHEAST FLORIDA, INC.						
Principal Place of Business 8895 N MILITARY TRAIL SUITE 205-C PALM BEACH GARDENS, FL 33410 US			Mailing Address 8895 N MILITARY TRAIL SUITE 205-C PALM BEACH GARDENS, FL 33410 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0934414		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRANTHAM, KIRK 1860 FOREST HILL BOULEVARD SUITE 105 WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE CD	NAME WEAVER, BONNIE		<input checked="" type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8895 N MILITARY TRAIL	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410			NAME 	STREET ADDRESS 	
TITLE VCD	NAME REID, BENJAMINE		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 8895 N MILITARY TRAIL	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410			NAME 	STREET ADDRESS 	
TITLE TD	NAME NICHOLS, D ALAN		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8895 N MILITARY TRAIL	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410			NAME 	STREET ADDRESS 	
TITLE P	NAME RING, CHARLES B		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 8895 N MILITARY TRAIL	CITY-ST-ZIP PALM BEACH GARDENS, FL 33410			NAME 	STREET ADDRESS 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			NAME 	STREET ADDRESS 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			NAME 	STREET ADDRESS 	
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.						
SIGNATURE: <i>Charles B. Ring</i>			Charles B. Ring			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 3-3-08 Daytime Phone #: 799-6424			