

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001037

FILED
Mar 11, 2009
Secretary of State

Entity Name: EPISCOPAL CHARITIES OF SOUTHEAST FLORIDA, 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 (X)**

Name and Address of Current Registered Agent:

GRANTHAM, KIRK
1860 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33406 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: C () Delete
Name: REID, BENJAMINE
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VC () Delete
Name: STOKES, WILLIAM H
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: NICHOLS, ALAN D
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: WRAGG, JOANNA
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: CE (X) Change () Addition
Name: STOKES, WILLIAM H
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VC (X) Change () Addition
Name: WRAGG, JOANNA
Address: 8895 N MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T (X) Change () Addition
Name: NICHOLS, D. ALAN
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 exemption stated 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 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: CHARLES B. RING, III

ED

03/11/2009

Electronic Signature of Signing Officer or Director

Date