

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000877

FILED
Apr 20, 2005
Secretary of State

Entity Name: ST. JOHN'S EPISCOPAL CHURCH FOUNDATION, INC.

Current Principal Place of Business:

211 N. MONROE ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

211 N. MONROE ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3559596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDLEY, ERIC REV
211 N. MONROE ST.
TALLAHASSEE, FL 32301 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: TD () Delete
Name: PERKINS, TOM
Address: 2011 LEE AVENUE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: WADSWORTH, SUSIE
Address: 624 SOUTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: THOMAS, JOHN
Address: 1430 MILLSTREAM ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: FONVIELLE, DAVID
Address: 3755 BOBBIN MILL RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: CHD () Delete
Name: LANGFORD, GEORGE
Address: 837 LAKE RIDGE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: PROCTOR, PALMER
Address: 523 WOODFERN COURT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: TOM PERKINS

TD

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date