

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000000877**

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



Principal Place of Business  
**211 N. MONROE ST.  
TALLAHASSEE, FL 32301**

Mailing Address  
**211 N. MONROE ST.  
TALLAHASSEE, FL 32301**



01042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3559596</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GRAY, MELVIN K REV  
211 N. MONROE ST.  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

U00000775342  
01/08/08-80026-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	TREA
NAME	PERKINS, J. EARLE III
STREET ADDRESS	2107 EAST RANDOLPH CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32308

TITLE	VCH
NAME	SKELTON, BENSON L JR
STREET ADDRESS	1100 CARRIAGE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	SEC
NAME	THOMAS, JOHN C III
STREET ADDRESS	1430 MILLSTREAM ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	CH
NAME	FONVIELLE, C. DAVID III
STREET ADDRESS	3755 BOBBIN MILL RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*John Earle Perkins III, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/08 (850) 385-5713*  
Date Daytime Phone #