

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90035 016 ****61.25

DOCUMENT # N99000002021

1. Entity Name
**NATIONAL ASSOCIATION FOR EPISCOPAL CHRISTIAN
EDUCATION DIRECTORS, INC.**



Principal Place of Business
**400 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32004**

Mailing Address
**334 EAST DUVAL STREET
JACKSONVILLE, FL 32202**

03152004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03152004 Chg-NP CR2E037 (10/03)

4. FEI Number
72-1364538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, EARL M JR
334 EAST DUVAL STREET
JACKSONVILLE, FL 32202**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **CLARK, HEIDI J**
STREET ADDRESS **1210 LOCUST STREET**
CITY-ST-ZIP **ST. LOUIS, MO 63103**

TITLE **D,P** ☐ Change ☒ Addition
NAME **Chilton, Carolyn M.**
STREET ADDRESS **P.O. Box 27**
CITY-ST-ZIP **Orkney Springs, VA 22845**

TITLE **D** ☐ Delete
NAME **STOUT, KATHERINE C**
STREET ADDRESS **55 MONUMENT CIRCLE, SUITE 600**
CITY-ST-ZIP **INDIANAPOLIS, IN 46204**

TITLE **D,S.** ☐ Change ☒ Addition
NAME **Pearson, Sharon**
STREET ADDRESS **17 Pumpkin Lane**
CITY-ST-ZIP **Norwalk, CT 06851**

TITLE **D** ☒ Delete
NAME **WILLIAMSON, ROBERTA H**
STREET ADDRESS **2744 PEACHTREE ROAD, NW**
CITY-ST-ZIP **ATLANTA, GA 30363**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BLACK, CAROLINE J**
STREET ADDRESS **315 SHADY AVENUE**
CITY-ST-ZIP **PITTSBURG, PA 15206**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BAILEY, LAURA R**
STREET ADDRESS **1406 UNIVERSITY DR.**
CITY-ST-ZIP **HAMMOND, LA 70401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BLACKMON, TOM REV**
STREET ADDRESS **3966 MCKINNEY AVE.**
CITY-ST-ZIP **DALLAS, TX 75204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Laura R Bailey

Laura R. Bailey

30 Mar 04 504 427-4806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #