


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90203 034 \*\*\*\*61.25

<b>DOCUMENT # N99000002021</b> 1. Entity Name <b>NATIONAL ASSOCIATION FOR EPISCOPAL CHRISTIAN EDUCATION DIRECTORS, INC.</b>					
Principal Place of Business <b>400 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32004</b>			Mailing Address <b>334 EAST DUVAL STREET JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>72-1364538</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BARKER, EARL M JR 334 EAST DUVAL STREET JACKSONVILLE, FL 32202</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, HEIDI J <input checked="" type="checkbox"/> Delete 1210 LOCUST STREET ST. LOUIS, MO 63103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KANE, JUDY <input type="checkbox"/> Delete 401 LAGRANGE ROAD PEWEE VALLEY, KY 40055		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kane Judy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 Lagrange Road Pewee Valley KY 40055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILTON, CAROLYN <input checked="" type="checkbox"/> Delete P.O. BOX 27 ORKNEY SPRINGS, VA 22845		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERZER, TRACEY <input type="checkbox"/> Delete 38 MULBERRY ST, BOX 302 LEEDS, MA 01053		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tracey Herzer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41305 English Yew Place Leesburg VA 20175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILEY, LAURIE <input type="checkbox"/> Delete 2919 ST CHARLES AVE NEW ORLEANS, LA 70115		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REDD, POLLY <input type="checkbox"/> Delete 3533 LAKESHORE AVE DENVER, NC 28037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Laurie Bailey</i> <b>Laurie Bailey</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			16 April 07 504-895-6602 <small>Date Daytime Phone #</small>		

# ATTACHMENT

20008791

#N99000002021

## Additional NAECED Directors

D

Beth Hammond  
12990 East Shea Boulevard  
Scottsdale AZ 85268

D

Missy Morain  
3510 Woodley Road NW  
Washington DC 20016

D

Susan McDonald  
2230 Euclid Ave.  
Cleveland OH 44115

D

Melissa Neofes-Mischak  
1700 Santa Clara Avenue  
Alameda CA 94501

D

Howard Anderson  
3508 Woodley Road, NW  
Washington DC 20016

VD

Kate Gillooly  
2747 Fairmont Blvd.  
Cleveland Heights OH 44106

D

Julia McCray Goldsmith  
1055 Taylor Street  
San Francisco CA 94108

D

Malinda Harris  
400 San Juan Drive  
Ponte Vedra Beach FL 32082

D

Cathy Ode  
1419 Pine St.  
Boulder CO 80302