

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002021

FILED
Apr 03, 2009
Secretary of State

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

Current Principal Place of Business:

400 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32004

New Principal Place of Business:

Current Mailing Address:

334 EAST DUVAL STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 72-1364538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, EARL M JR
334 EAST DUVAL STREET
JACKSONVILLE, FL 32202 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: PD () Delete
Name: CALLOOLY, KATE
Address: 2747 FAIRMONT BLVD
City-St-Zip: CLEVELAND HEIGHTS, OH 44106

Title: VD () Delete
Name: ODE, CATHY
Address: 963 CLEVELAND COURT
City-St-Zip: LOUISVILLE, CO 80027

Title: T () Delete
Name: BAILEY, LAURIE
Address: 2919 ST CHARLES AVE
City-St-Zip: NEW ORLEANS, LA 70115

Title: SD () Delete
Name: REDD, POLLY
Address: 3533 LAKESHORE AVE
City-St-Zip: DENVER, NC 28037

Title: D () Delete
Name: MCDONALD, SUSAN
Address: 2230 EUCLID AVENUE
City-St-Zip: CLEVELAND, OH 44115

Title: D () Delete
Name: NEOFES-MISCHAK, MELISSA
Address: 1700 SANTA CLARA AVENUE
City-St-Zip: ALAMEDA, CA 94501

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:

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Address:
City-St-Zip:

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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 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: LAURIE BAILEY

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date