

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90462 017 \*\*\*\*\*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**

**11004984**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1364538**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FILE NOW: FEE IS \$61.25**

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 **PD** ☐ Change ☒ Addition  
NAME **Chilton, Carolyn**  
STREET ADDRESS **2 Southgrove Court**  
CITY-ST-ZIP **Columbia, SC 29212**

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

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Barr, Gillian**  
STREET ADDRESS **934 8th Ave SW**  
CITY-ST-ZIP **Rochester, MN 55902**

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

TITLE **DS** **DELETE** ☐ Change ☐ Addition  
NAME **Thompkins, Elizabeth**  
STREET ADDRESS **2600 Vincent Avenue**  
CITY-ST-ZIP **Portage, MI 49024**

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: *Laurie R Bailey* **Laurie R Bailey** **7 April 03** **504-895-6402**

CR2E037 (10/02)