

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704444

Entity Name: CATHEDRAL FOUNDATION OF JACKSONVILLE, INC.**Current Principal Place of Business:**4250 LAKESIDE DR
SUITE 300
JACKSONVILLE, FL 32210**Current Mailing Address:**4250 LAKESIDE DR
SUITE 300
JACKSONVILLE, FL 32210 US**FEI Number:** 59-6161532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLSHOUSER, ERIC J.
50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE, FL 32202 US*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**Officer/Director Detail :**

Title	CHAIRMAN
Name	BERG, REBECCA
Address	4250 LAKESIDE DR. SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	VC
Name	MOOREHEAD, KATHERINE
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	SECRETARY
Name	JORGENSEN, MICHAEL E
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	RUTLAND, ALFRED W
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	WILBURN, SHARON W
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	CEO
Name	BARTON, TERESA K
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	HILL, JAYNE B
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	MACKENZIE, DOMINIC C
Address	4250 LAKESIDE DR SUITE 300
City-State-Zip:	JACKSONVILLE FL 32210

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I hereby 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 all other like empowered.

SIGNATURE: MICHAEL G. WARECHIEF FINANCIAL
OFFICER

04/16/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RICHARDSON, CATHERINE
Address 4250 LAKESIDE DR
SUITE 300
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name CORSE, JOHN D
Address 4250 LAKESIDE DR
SUITE 300
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name GILBERTO, PASQUALE
Address 4250 LAKESIDE DR
SUITE 300
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name WEATHERBY, MICHAEL R
Address 4250 LAKESIDE DR
SUITE 300
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name ERICKSON, JUDITH M
Address 4250 LAKESIDE DR
SUITE 300
City-State-Zip: JACKSONVILLE FL 32210

Title CFO
Name WARE, MICHAEL G
Address 4250 LAKESIDE DR
SUITE 300
City-State-Zip: JACKSONVILLE FL 32210