

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710557

**Entity Name:** EPISCOPAL SCHOOL OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

4455 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4455 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**FEI Number: 59-1147278**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STEPHEN, BUSEY DMR.  
4455 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 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 C  
Name CLEMENTS, ROBERT MMR.  
Address 4455 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title T  
Name ROWAN, HELEN MS  
Address 4455 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title S  
Name JANGRO, SUSAN MMRS.  
Address 4455 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title VC  
Name MOOREHEAD, KATHERINE REV.  
Address 4455 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title C  
Name CLEMENTS, ROBERT MMR.  
Address 4455 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

*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: ROBERT M. CLEMENTS**

**C**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date