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.

С

SIGNATURE: DAVID C. HODGES, JR.

Electronic Signature of Signing Officer/Director Detail

## SIGNATURE:

	0	0	0	
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## **Officer/Director Detail :**

Title	C	Title	TREASURER
Name	HODGES, DAVID MR. JR.	Name	ROWAN, HELEN MS
Address	4455 ATLANTIC BLVD	Address	4455 ATLANTIC BLVD
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207
		<b>T</b> :0 -	
Title	S	Title	VC
Name	AMLIE, CLAUDIA MRS	Name	MOOREHEAD, KATHERINE REV.
Address	4455 ATLANTIC BLVD	Address	4455 ATLANTIC BLVD
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207
Title	CHAIRMAN		
Name	HODGES, DAVID MR JR.		
Address	4455 ATLANTIC BLVD		
City-State-Zip:	JACKSONVILLE FL 32207		

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.

Electronic Signature of Registered Agent

JACKSONVILLE, FL 32207

4455 ATLANTIC BLVD.

# **Current Mailing Address:**

4455 ATLANTIC BLVD. JACKSONVILLE. FL 32207

**Current Principal Place of Business:** 

### FEI Number: 59-1147278

## Name and Address of Current Registered Agent:

STEPHEN, BUSEY DMR. 4455 ATLANTIC BLVD JACKSONVILLE, FL 32207 US

Entity Name: EPISCOPAL SCHOOL OF JACKSONVILLE, INC.

## Mar 16, 2017 Secretary of State CC5158681060

FILED

Certificate of Status Desired: No

Date

03/16/2017 Date