2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2020
Secretary of State
5377876055CC

DOCUMENT# 710640

Entity Name: EPISCOPAL CHILDREN'S SERVICES, INC.

Current Principal Place of Business:

8443 BAYMEADOWS ROAD
SUITE 1
JACKSONVILLE, FL 32256

Current Mailing Address:

8443 BAYMEADOWS ROAD
SUITE 1
JACKSONVILLE, FL 32256 US

FEI Number: 59-1146765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION
ONE INDEPENDENT DRIVE
SUITE 3300
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: STEPHEN D. MOORE 01/27/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TRUSTEE
Name	HOWARD, SAMUEL J RT. REV.
Address	325 N MARKET ST
City-State-Zip:	JACKSONVILLE FL 32202

Title	TRUSTEE, IMMEDIATE PAST PRESIDENT
Name	SMITH, DERRICK
Address	188 LAMP LIGHTER LANE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	TRUSTEE, VP
Name	BATCHELOR, THABATA
Address	800 PRUDENTIAL DR STE 214
City-State-Zip:	JACKSONVILLE FL 32207

Title	TRUSTEE
Name	OHRABLO, ROBERT
Address	4130 SALISBURY RD STE 1340
City-State-Zip:	JACKSONVILLE FL 32216

Title	TRUSTEE, PRESIDENT
Name	ADAMS, VICKI
Address	PO BOX 45085
City-State-Zip:	JACKSONVILLE FL 32232-5085

Title	CEO
Name	STOPHEL, CONNIE
Address	8443 BAYMEADOWS ROAD SUITE 1
City-State-Zip:	JACKSONVILLE FL 32256

Title	TRUSTEE, TREASURER
Name	HOLDEN, JENNIFER
Address	ONE INDEPENDENT DRIVE, 30TH FLOOR
City-State-Zip:	JACKSONVILLE FL 32202

Title	TRUSTEE
Name	AMMONS, WILEY FR.
Address	7500 SOUTHSIDE BLVD
City-State-Zip:	JACKSONVILLE FL 32256

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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: CONNIE STOPHEL CEO 01/27/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	BEYAH, MALACHI
Address	635 E 11TH ST
City-State-Zip:	JACKSONVILLE FL 32209

Title	TRUSTEE
Name	ALULA, YARED
Address	5000 BIG ISLAND DR
City-State-Zip:	JACKSONVILLE FL 32246

Title	TRUSTEE
Name	POMPOSO, SARA LEUTZINGER
Address	112 W ADAMS ST 2ND FLR
City-State-Zip:	JACKSONVILLE FL 32202

Title	TRUSTEE
Name	SMITH, KAREN ESTELLA
Address	14152 MAHOGANY AVE
City-State-Zip:	JACKSONVILLE FL 32258