**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 10, 2025**
**Secretary of State**
**0316984917CC**

DOCUMENT# 710640

**Entity Name:** EPISCOPAL CHILDREN'S SERVICES, INC.

**Current Principal Place of Business:**

8649 BAYPINE ROAD, BLDG. 7 - SUITE 300
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8649 BAYPINE ROAD, BLDG. 7 - SUITE 300
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 02/10/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT & CEO |
| Name | ROBY, NATALYA BANNISTER DR. |
| Address | 8649 BAYPINE ROAD<br>SUITE 300, BUILDING 7 |
| City-State-Zip: | JACKSONVILLE FL 32256 |

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

| | |
|---|---|
| Title | TRUSTEE |
| Name | SWANSON, DESTINEE |
| Address | 50 NORTH LAURA STREET<br>SUITE 1000 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | THOMAS, JOHN |
| Address | ONE INDEPENDENT DR<br>STE 3300 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | TRUSTEE, CHAIR |
| Name | FORD, THABATA |
| Address | 800 PRUDENTIAL DR<br>STE 214 |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | ALULA, YARED |
| Address | 8156 WEKIVA WAY |
| City-State-Zip: | JACKSONVILLE FL 32256 |

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|---|---|
| Title | TRUSTEE |
| Name | SMITH, CHRISTINE |
| Address | 800 PRUDENTIAL DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | CHAMBERLAIN, JOEL |
| Address | 4350 PABLO PROFESSIONAL COURT |
| City-State-Zip: | JACKSONVILLE FL 32224 |

**Continues on page 2**

*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: DR. NATALYA BANNISTER ROBY PRESIDENT & CEO 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | TRUSTEE, SECRETARY |
| Name | CARROLL, KARYN |
| Address | 320 ROYAL TERN ROAD SOUTH |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|---|---|
| Title | CHIEF BUSINESS OFFICER |
| Name | HUGHES, WENDY |
| Address | 8649 BAYPINE ROAD<br>SUITE 300, BUILDING 7 |
| City-State-Zip: | JACKSONVILLE FL 32256 |

| | |
|---|---|
| Title | TRUSTEE, TREASURER |
| Name | LIGHTCAP, JEANNE |
| Address | 141 S WILDERNESS TRAIL |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | ELLINGER, AARON |
| Address | 638 WINDLEY DR. |
| City-State-Zip: | ST. AUGUSTINE FL 32092 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | REILLY, TOMMIE |
| Address | ONE INDEPENDENT DRIVE<br>SUITE 3000 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | MALEK-LASATER, ADRIEN |
| Address | 1 UNF DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32206 |

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|---|---|
| Title | TRUSTEE, VICE - CHAIR |
| Name | FARRIS, JOY |
| Address | 4800 DEERWOOD CAMPUS PARKWAY<br>BUILDING 100, FLOOR 7 |
| City-State-Zip: | JACKSONVILLE FL 32246 |

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|---|---|
| Title | TRUSTEE |
| Name | IRVIN, DWIGHT DR. |
| Address | 1221 SW 5TH AVENUE |
| City-State-Zip: | GAINESVILLE FL 32601 |

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|---|---|
| Title | TRUSTEE |
| Name | KNOX, ANTONIA |
| Address | 924 HURON STREET |
| City-State-Zip: | JACKSONVILLE FL 32254 |

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|---|---|
| Title | TRUSTEE |
| Name | OHLSON, MATTHEW DR. |
| Address | 1 UNF DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32224 |