**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 12, 2021**
**Secretary of State**
**3614887147CC**

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 01/12/2021

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 | CEO |
| Name | STOPHEL, CONNIE |
| Address | 8443 BAYMEADOWS ROAD<br>SUITE 1 |
| City-State-Zip: | JACKSONVILLE FL 32256 |

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

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

| | |
|---|---|
| Title | TRUSTEE, PRESIDENT |
| Name | ADAMS, VICKI |
| Address | 1770 RIVER PLANTATION LANE |
| City-State-Zip: | JACKSONVILLE FL 32223 |

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

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

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

**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: CONNIE STOPHEL CEO 01/12/2021

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

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

| | |
|---|---|
| Title | TRUSTEE, TREASURER |
| Name | DISHER, DISTINEE |
| Address | 50 NORTH LAURA STREET<br>1000 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | WILDES, SUSAN |
| Address | 4800 DEERWOOD CAMPUS PARKWAY |
| City-State-Zip: | JACKSONVILLE FL 32246 |

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

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

| | |
|---|---|
| Title | TRUSTEE |
| Name | WINTERBOTTOM, CHRISTIAN |
| Address | 1 UNF DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32224 |