**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**
**Jun 30, 2016**
**Secretary of State**
**CC3674228311**

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
225 WATER STREET
SUITE 1800
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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | TRUSTEE |
| Name | GLOGER, VICKI-LYNNE |
| Address | 4114 SUNBEAM RD<br>STE 400 |
| City-State-Zip: | JACKSONVILLE FL 32257 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | MIDDLEBROOK, MARK |
| Address | 1 INDEPENDENT DR<br>20TH FLR |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | SHEWCHUK, KERRY |
| Address | 1104 VILLERE CT |
| City-State-Zip: | ST JOHNS FL 32259 |

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|---|---|
| Title | TRUSTEE |
| Name | DEFOOR, ALLISON REV. |
| Address | 325 N MARKET ST |
| City-State-Zip: | JACKSONVILLE FL 32207 |

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

| | |
|---|---|
| Title | TRUSTEE, PRESIDENT |
| Name | WILLIAMS, JASON |
| Address | 5707 ELLIS TRACE DR |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|---|---|
| Title | TRUSTEE, SECRETARY, TREASURER |
| Name | ADAMS, VICKI |
| Address | 4949 BLANDING BLVD |
| City-State-Zip: | JACKSONVILLE FL 32210 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | VALAER, KRISTI AIELLO |
| Address | 4800 DEERWOOD CAMPUS PKWY<br>DC3-6 |
| City-State-Zip: | JACKSONVILLE FL 32246 |

**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 06/30/2016

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | TRUSTEE |
| Name | SMITH, DERRICK |
| Address | 500 WATER ST J880 |
| City-State-Zip: | JACKSONVILLE FL 32202 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | FLURY, LYNN |
| Address | 1984 GENTLEBREEZE RD |
| City-State-Zip: | MIDDLEBURG FL 32068 |

| | |
|---|---|
| Title | CFO |
| Name | MAZER, WILLIAM |
| Address | 4542 OAK BAY DRIVE WEST |
| City-State-Zip: | JACKSONVILLE FL 32277 |

| | |
|---|---|
| Title | CHIEF CENTER OPERATIONS |
| Name | DILLARD, JEANNE |
| Address | 10658 GRAYSON COURT |
| City-State-Zip: | JACKSONVILLE FL 32220 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | TANNHEIMER, JAMES J |
| Address | 3563 PHILIPS HWY BLDG A STE 106 |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|---|---|
| Title | CEO |
| Name | STOPHEL, CONNIE |
| Address | 12670 RICHFIELD BLVD |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|---|---|
| Title | CHIEF PROGRAMS & ADMINISTRATION |
| Name | MATHENY, TERESA |
| Address | 100100 BELLE RIVE BLVD |
| City-State-Zip: | JACKSONVILLE FL 32256 |