

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **707614** (4)

1. Corporation Name

**SAINT EDWARD'S SCHOOL, INCORPORATED**



Principal Place of Business

Mailing Address

**SAINT EDWARD'S DRIVE  
VERO BEACH FL 32963**

**SAINT EDWARD'S DRIVE  
VERO BEACH FL 32963**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, NANCY N  
550 CAMELIA LANE  
VERO BEACH FL 32963**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WYATT-BROWN, HUNTER JR.	
STREET ADDRESS	P.O. BOX 130 (NA)	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, JOHN	
STREET ADDRESS	RT. 2, SUMMER PLACE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANSON, AARON I III	
STREET ADDRESS	519 PALM TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, EUGENE J., JR.	
STREET ADDRESS	SAINT EDWARD'S DR.	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOUTHIT, CLAUDE	
STREET ADDRESS	P.O. BOX 1562 (NA)	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOUTTIT, HENRY I RT.REV.	
STREET ADDRESS	P.O. BOX 597 (NA)	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Rogers, Mrs. James L. III
13 STREET ADDRESS	200 Coconut Palm Road
14 CITY-ST-ZIP	VERO BEACH, FL 32963
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Richey, Mr. Dan B.
23 STREET ADDRESS	Saint Edwards Drive
24 CITY-ST-ZIP	VERO BEACH, FL 32963
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Teel, Dr. Dudley G.
33 STREET ADDRESS	919 Ladybug Lane
34 CITY-ST-ZIP	VERO BEACH, FL 32963
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Woodward, Mr. Stewart H.
43 STREET ADDRESS	Saint Edwards Drive
44 CITY-ST-ZIP	VERO BEACH, FL 32963
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Minton, Mr. Michael D.
53 STREET ADDRESS	1903 South 25th Street, Suite 200
54 CITY-ST-ZIP	FT. PIERCE, FL 34947
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Stewart, Mr. William J.
63 STREET ADDRESS	Saint Edwards Drive
64 CITY-ST-ZIP	VERO BEACH, FL 32963

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Diane B. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Diane B. Cooper*

*2/28/96*  
Date

*407 234136*  
Daytime Phone #

CR2E037 (12/95)