

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 715097

1. Entity Name
THE CANTERBURY SCHOOL OF FLORIDA, INC.



Principal Place of Business
**901 58TH AVENUE NE
ST PETERSBURG, FL 33703**

Mailing Address
**901 58TH AVENUE NE
ST PETERSBURG, FL 33703**



01292004 No Chg-NP GR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1218022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELSH, ELLEN
901 58TH AVENUE N.E.
ST. PETERSBURG, FL 33703**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ellen Welsh* **ELLEN WELSH** **3/3/04**

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

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**UN0000086142
03/12/04-80012-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALE, MARION
STREET ADDRESS 7201 DEMENS DR SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE SD
NAME SIVER, ROBERT I
STREET ADDRESS 114 GIRALDA BLVD., NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE TD
NAME MCQUEEN, WILLIAM
STREET ADDRESS 2201 9TH ST. NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE VPD
NAME CROOMS, STANLEY N
STREET ADDRESS 1771 SERPENTINE DR. SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marion Hale* **MARION HALE** **3/3/04** **727-461-1818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #