

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 22, 2006
Secretary of State**

DOCUMENT# N05000007810

Entity Name: ST. ANDREWS EPISCOPAL SCHOOL OF FT. PIERCE, INC.

Current Principal Place of Business:

210 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

210 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHROEDER, DEBRA D
210 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: DEBRA D. SCHROEDER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DOYLE, DEAN
Address: 2130 W. BOOTH DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: HOWE, JOHN W
Address: 1017 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 328012023

Title: T () Delete
Name: LIEBLER, JOHN S
Address: 210 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: MAC VEETY, ROBERT
Address: 33 VILLA BLANCA
City-St-Zip: FORT PIERCE, FL 34951

Title: T () Delete
Name: PEED, BROOKS H
Address: 2709 NORTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: T () Delete
Name: POWERS, KIA
Address: 5910 BALSAM DRIVE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BROOKS H. PEED

T

11/22/2006

Electronic Signature of Signing Officer or Director

Date