


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90066 002 ****61.75

DOCUMENT # N05000007810	
1. Entity Name ST. ANDREWS EPISCOPAL SCHOOL OF FT. PIERCE, INC.	

Principal Place of Business 210 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950	Mailing Address 210 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SCHROEDER, DEBRA D 210 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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 _____ DATE _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, DEAN		NAME		
STREET ADDRESS	2130 W. BOOTH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWE, JOHN W		NAME		
STREET ADDRESS	1017 EAST ROBINSON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328012023		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBLER, JOHN S		NAME		
STREET ADDRESS	210 SOUTH INDIAN RIVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAC VEETY, ROBERT		NAME		
STREET ADDRESS	33 VILLA BLANCA		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEED, BROOKS H		NAME		
STREET ADDRESS	2709 NORTH INDIAN RIVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, KIA		NAME		
STREET ADDRESS	5910 BALSAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34982		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  KIA POWERS **4-19-07** (772) 519-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #