

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007810

Entity Name: ST. ANDREW'S EPISCOPAL ACADEMY, INC.

Current Principal Place of Business:

210 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

Current Mailing Address:

210 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

FEI Number: 59-2429213

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANGELONE, CATERINA
210 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950 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: CATERINA ANGELONE

04/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR, PASTOR
Name LIEBLER, JOHN
Address 210 SOUTH INDIAN RIVER DR
City-State-Zip: FORT PIERCE FL 34950

Title VC, DIRECTOR
Name FLETCHER, GERDA
Address 201 SOUTH INDIAN RIVER DR
City-State-Zip: FORT PIERCE FL 34950

Title SECRETARY, DIRECTOR
Name LINEAL, MICHELLE
Address 210 SOUTH INDIAN RIVER DR
City-State-Zip: FORT PIERCE FL 34950

Title TREASURER, DIRECTOR
Name ARMSTRONG, CHARLES M
Address 210 SOUTH INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name MCGREGOR, ALAN
Address 210 SOUTH INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name MERSCHDORF, SHAWN
Address 210 SOUTH INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name GATES, DAVID
Address 210 SOUTH INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name STODDARD, WILLIAM
Address 210 S INDIAN RIVER DR
City-State-Zip: FORT PIERCE FL 34950

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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: JOHN LIEBLER

CHAIRMAN

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARVER, SUSAN
Address 210 S INDIAN RIVER DR.
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name MOONEY, GINNY
Address 210 S INDIAN RIVER DR.
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name WEBB, HORACE
Address 210 S INDIAN RIVER DR
City-State-Zip: FORT PIERCE FL 34950