

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

**Name and Address of Current Registered Agent:**

YOUNG, JAMES  
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:** JAMES YOUNG

07/01/2013

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 DIRECTOR  
Name DIXON, LEVETTE  
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 TREASURER, DIRECTOR  
Name ARMSTRONG, CHARLES M  
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 MICHAEL, GOLDBERG  
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:** CHARLES M ARMSTRONG

TREASURER

07/01/2013

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