#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007810

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

Jan 12, 2015 Secretary of State CC2375671467

**FILED** 

# **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 01/12/2015

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	DIRECTOR, PASTOR	Title	CHAIRMAN, DIRECTOR
Name	LIEBLER, REV. JOHN	Name	LINEAL, MICHELLE

Address 210 SOUTH INDIAN RIVER DR Address 210 SOUTH INDIAN RIVER DR

City-State-Zip: FORT PIERCE FL 34950 City-State-Zip: FORT PIERCE FL 34950

Title TREASURER, DIRECTOR Title DIRECTOR

Name ARMSTRONG, CHARLES M Name MCGREGOR, ALAN

Address 210 SOUTH INDIAN RIVER DRIVE Address 210 SOUTH INDIAN RIVER DRIVE

City-State-Zip: FORT PIERCE FL 34950 City-State-Zip: FORT PIERCE FL 34950

Title SECRETARY, DIRECTOR Title DIRECTOR

Name MERSCHDORF, SHAWN Name GATES, DAVID

Address 210 SOUTH INDIAN RIVER DRIVE Address 210 SOUTH INDIAN RIVER DRIVE

City-State-Zip: FORT PIERCE FL 34950 City-State-Zip: FORT PIERCE FL 34950

Title VC, DIRECTOR Title DIRECTOR

Name STODDARD, WILLIAM Name CARVER, SUSAN

Address 210 SOUTH INDIAN RIVER DRIVE Address 210 SOUTH INDIAN RIVER DRIVE

City-State-Zip: FORT PIERCE FL 34950 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 01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameWEBB, HORACENameMOWERY, TOD

Address 210 SOUTH INDIAN RIVER DRIVE Address 210 SOUTH INDIAN RIVER DRIVE

City-State-Zip: FORT PIERCE FL 34950 City-State-Zip: FORT PIERCE FL 34950