

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007810

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

**FILED**  
**Feb 02, 2016**  
**Secretary of State**  
**CC4265179066**

**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

02/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title CEO  
Name ANGELONE, CATERINA  
Address 210 SOUTH INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34950

*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:** CATERINA ANGELONE

CEO

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date