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CORPORATION ANNUAL REPORT 1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:20

DOCUMENT # 704244 (3)

1. Corporation Name

PATRONS OF ST JOHN'S PARISH DAY SCHOOL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 315 MADISON ST.<br>SUITE 1024<br>TAMPA FL 33602-1844 | 315 MADISON ST.<br>SUITE 1024<br>TAMPA FL 33602-1844 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1962
3a. Date of Last Report: 04/06/1994
4. FEI Number: 23-7128359 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

PETERSON, THE REV. JOHN
906 S ORLEANS AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Julie Shafer
82 Street Address (P.O. Box Number is Not Acceptable): 405 Bayview Street
83
84 City: Safety Harbor FL 85 Zip Code: 34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Julie Shafer — Julie Shafer, Secretary — 2/8/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VD | 11 TITLE | PD ☒ Change ☐ Addition |
| NAME | TURNER, J A | 12 NAME | Turner, J A |
| STREET ADDRESS | 220 BLANCA AVE | 13 STREET ADDRESS | 220 Blanca Ave |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | Tampa, FL 33606 |
| TITLE | PD | 21 TITLE | PD ☒ Change ☐ Addition |
| NAME | BRABHAM, HEATHER | 22 NAME | George Leach |
| STREET ADDRESS | 13714 WESTSHIRE | 23 STREET ADDRESS | 617 Hudson Ave |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | Tampa, FL 33606 |
| TITLE | SD | 31 TITLE | SD ☒ Change ☐ Addition |
| NAME | MCEACHERN, PETER H | 32 NAME | Julie Shafer |
| STREET ADDRESS | 1002 S OREGON AVE | 33 STREET ADDRESS | 405 Bayview Street |
| CITY-ST-ZIP | TAMPA FL | 34 CITY-ST-ZIP | Safety Harbor, FL 34695 |
| TITLE | T | 41 TITLE | D ☒ Change ☐ Addition |
| NAME | HURSEY, CHARLOTTE | 42 NAME | Bonnie Edgar |
| STREET ADDRESS | 4603 BARTLETT ST. | 43 STREET ADDRESS | 2611 Bayshore Blvd. #1202 |
| CITY-ST-ZIP | TAMPA FL 33611 | 44 CITY-ST-ZIP | Tampa, FL 33629 |
| TITLE | D | 51 TITLE | D ☒ Change ☐ Addition |
| NAME | BARRS, DONNA | 52 NAME | John Genter |
| STREET ADDRESS | 5716 GORDON AVE | 53 STREET ADDRESS | 559 Ladrone Avenue |
| CITY-ST-ZIP | TAMPA FL | 54 CITY-ST-ZIP | Tampa, FL 33606 |
| TITLE | D | 61 TITLE | D ☒ Change ☐ Addition |
| NAME | DOYAL, JULIE | 62 NAME | Catherine Maraton |
| STREET ADDRESS | 1103 SAMY DR. | 63 STREET ADDRESS | 2605 Sunset Drive |
| CITY-ST-ZIP | TAMPA FL 33613 | 64 CITY-ST-ZIP | Tampa, FL 33629 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlotte Hursey — Charlotte Hursey, Treasurer — 2/8/95 — 813/259-1091
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0014014

PATRONS
OF
ST JOHN'S PARISH DAY SCHOOL, INC.
906 SOUTH ORLEANS TELEPHONE 259-1091
TAMPA, FLORIDA 33606

Directors 1995 continued

D
C. Thomas Davidson
2901 Parkland Blvd.
Tampa, FL 33609

D
Cindy Hadlow
2610 Sunset Drive
Tampa, FL 33629

D
Chris McAdams
820 S. Delaware Avenue
Tampa, FL 33606

D
Julianne McKeel
3106 Sunset Drive
Tampa, FL 33629

D
Kim Reed
130 Huron Avenue
Tampa, FL 33606

D
Cathy Smith
17408 Gunn Highway
Odessa, FL 33556

D
Hulon Williams
P. O. Box 439
Tampa, FL 33601

D
Michelle Williams
5215 S. Crescent Drive
Tampa, FL 33611