## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 704244

(3)

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

Principal Place of Business   Mailing Address	Applied For Not Applicab tus Desired \$8.75 Additional Fee Required gn Financing \$5.00 May Be Added to Fees corporation a homeowners association? Yes No owes or has paid the current year intangible y Tax due June 30. Yes No eas of New Registered Agent
TAMPA FL 33606 US  SUITE 125 TAMPA FL 33606 US  2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Principal Place of Business 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 2. Cetificate of State 3. Cetificate of State 4. Fell Number 4. FEI Number 5. Certificate of State 6. Election Campaig Trust Fund Contr City & State 7. Is this nonprofit of 2. Principal Place of Business 7. Is this nonprofit of 2. Street Address of Country 8. This corporation Personal Propert 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number in 83 Street Address (P.O. Box Number in 84 City	Applied For Not Applicab tus Desired \$8.75 Additional Fee Required gn Financing \$5.00 May Be Added to Fees corporation a homeowners association? Yes No owes or has paid the current year intangible y Tax due June 30. Yes No eas of New Registered Agent
TAMPA FL 33606 US  TAMPA FL 33606 US  4. FEI Number 23-712835 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Ap	Applied For Not Applicab tus Desired \$8.75 Additional Fee Required gn Financing \$5.00 May Be Added to Fees corporation a homeowners association?  Yes No No owes or has paid the current year intangible y Tax due June 30. Yes No eass of New Registered Agent
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2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State  Zip Country Zip Country 25 Zip Name and Address of Current Registered Agent  SHAFER, JULIE 906 \$ ORLEANS TAMPA FL 33606  5. Certificate of State City & State This corporation Personal Propert To Name and Address of Current Registered Agent  Street Address (P.O. Box Number in Street	tus Desired
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Zip  Zip  Country  Zip  Country  Personal Propert  9. Name and Address of Current Registered Agent  SHAFER, JULIE  906 \$ ORLEANS  TAMPA FL 33606  6. Election Campaig  Trust Fund Contr  City & State  7. Is this nonprofit of  Country  B. This corporation Personal Propert  10. Name and Address of Name  81 Name  Street Address (P.O. Box Number in	Fee Required gn Financing \$5.00 May Be aboution Added to Fees corporation a homeowners association? Yes No cowes or has paid the current year intangible y Tax due June 30. Yes No eass of New Registered Agent
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  SHAFER, JULIE  906 \$ ORLEANS  TAMPA FL 33606  Suite, Apt. #, etc.  Style City & State  Country  B. This corporation Personal Propert  10. Name and Addr  Street Address (P.O. Box Number in the suite of th	gn Financing \$5.00 May Be Added to Fees corporation a homeowners association?  Yes No No owes or has paid the current year intangible y Tax due June 30. Yes No No eass of New Registered Agent
Trust Fund Contr City & State  Zip Zip Country Zip Zip SHAFER, JULIE 906 \$ ORLEANS TAMPA FL 33606  Zip Trust Fund Contr City & State City & State Zip	ibution Added to Fees corporation a homeowners association? Yes No owes or has paid the current year intangible y Tax due June 30. Yes No eas of New Registered Agent
City & State  23  Zip  Country  25  29  30  Country  9. Name and Address of Current Registered Agent  SHAFER, JULIE  906 \$ ORLEANS  TAMPA FL 33606  City & State  28  City & State  29  30  Country  8. This corporation Personal Propert  10. Name and Address (P.O. Box Number in Street Address (P.O.	corporation a homeowners association?  Yes No  owes or has paid the current year intangible y Tax due June 30. Yes No  eas of New Registered Agent
Zip Country Zip Country 30 B. This corporation Personal Propert  9. Name and Address of Current Registered Agent 10. Name and Address (P.O. Box Number is TAMPA FL 33608  28 Country Zip Country 8. This corporation Personal Propert 10. Name and Address (P.O. Box Number is SHAFER, JULIE 82 Street Address (P.O. Box Number is 83 B4 City	Yes X No owes or has paid the current year intangible y Tax due June 30. Yes X No eas of New Registered Agent
24 25 29 30 Personal Propert  9. Name and Address of Current Registered Agent  81 Name  SHAFER, JULIE  906 \$ ORLEANS  TAMPA FL 33606  82 Street Address (P.O. Box Number in the content of	y Tax due June 30. Yes X No ess of New Registered Agent
9. Name and Address of Current Registered Agent  81 Name  SHAFER, JULIE  906 \$ ORLEANS  TAMPA FL 33606  82 Street Address (P.O. Box Number in the street Address (P.O. Box Num	ess of New Registered Agent
## SHAFER, JULIE  906 \$ ORLEANS  TAMPA FL 33606  ## City  ## Name  81 Name  82 Street Address (P.O. Box Number in the street Address (P	
SHAFER, JULIE 906 S ORLEANS TAMPA FL 33606  82 Street Address (P.O. Box Number i	s Not Acceptable)
906 \$ ORLEANS TAMPA FL 33606  83  84 City	s Not Acceptable)
TAMPA FL 33606 83 84 City	
84 City	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	FL 85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	
	I hereby accept the appointment as registered
SIGNATURE	
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstalling)	DATE
	IGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD DELETE 1.1 TITLE VD	Change Addition
NAME WOODROFFE, CAROL  1.2 NAME LAURA KRAE STREET ADDRESS 4306 SWANN AVE  1.3 STREET ADDRESS 4618 BEACH	EMEK
STREET ADDRESS 4306 SWANN AVE 1.3 STREET ADDRESS 4618 BEACH CITY-ST-ZIP TAMPA FL 14 CITY-ST-ZIP TAYMOA FL	PARK DRIVE
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP TAMPA FL THE SD DELETE 2.1 THE	Change Addition
NAME SHAFER, JULIE 22 NAME	Onlingo Abunio
STREET ADDRESS 405 BAYVIEW STREET 2.3 STREET ADDRESS	
CITY-ST-ZIP SAFETY HARBOR FL 2.4 CITY-ST-ZIP	
TITLE TD DELETE 3.1 TITLE TD	☐ Change ☐ Additio
NAME RIVAS, SARAH BARANE SALLY WELCO	CH
STREET ADDRESS 4510 WATROUS AVE 3.3 STREET ADDRESS 1311 MORRISO	N AVENUE
CITY-ST-ZIP TAMPA FL 34. CITY-ST-ZIP TAMPA, FL	33606
TITLE DELETE 4.1 TITLE	Change Additio
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Additio
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
OTHER AND ADD	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DEFETTE 6.1 THE	Change Addition
TITLE DELETE 6.1 TITLE	Change Additio
TITLE DELETE 6.1 TITLE NAME 6.2 NAME	☐ Change ☐ Additio
TITLE DELETE 6.1 TITLE	☐ Change ☐ Additio