

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:11

DOCUMENT # 707614 (4)

1. Corporation Name
SAINT EDWARD'S SCHOOL, INCORPORATED

Principal Place of Business Mailing Address
SAINT EDWARD'S DRIVE VERO BEACH FL 32963
SAINT EDWARD'S DRIVE VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1964	3a. Date of Last Report 02/08/1994
4. FEI Number 59-1059214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BENEDICT, PETER B
607 LANTANA LANE
VERO BCH FL 32963

10. Name and Address of New Registered Agent

81 Name Greene, Nancy N
82 Street Address (P.O. Box Number is Not Acceptable) 550 Camelia Lane
83
84 City Vero Beach
85 FL
86 Zip Code 32963

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 *Dan R. Greene*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

5/1/95
DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WYATT-BROWN, HUNTER JR. P.O. BOX 130 (NA) BOCA RATON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD MORRISON, JOHN RT. 2, SUMMER PLACE VERO BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANSON, AARON I III 519 PALM TRAIL DELRAY BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CURTIS, EUGENE J., JR. SAINT EDWARD'S DR. VERO BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOUTHIT, CLAUDE P.O. BOX 1562 (NA) VERO BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOUTTIT, HENRY I RT.REV. P.O. BOX 597 (NA) WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	LC Rogers Mrs. James L. III 200 Coconut Palm Road Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VC Richey, Mr. Dan R. St. Edwards Drive Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S Teel, Dr. Dudley G. 919 Ladybug Lane Vero Beachy FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	T Woodward, Mr. Stewart H. St. Edwards Drive Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	TR Minton, Mr. Michael D. 1903 South 25th St., Suite 200 St. Pierre, FL 34947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	LR Stewart, Mr. William J. St. Edwards Drive Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)(4), 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: *Dan R. Greene*
Signature, typed or printed name of signing officer or director

5/1/95 407-231-6731
Date Telephone #