

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707614 (4)**

1. Corporation Name  
**SAINT EDWARD'S SCHOOL, INCORPORATED**



Principal Place of Business <b>SAINT EDWARD'S DRIVE VERO BEACH FL 32963</b>	Mailing Address <b>SAINT EDWARD'S DRIVE VERO BEACH FL 32963</b>
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3. Date Incorporated or Qualified <b>07/20/1964</b>	3a. Date of Last Report <b>03/08/1996</b>
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21. Principal Place of Business <b>1895 Saint Edwards Drive</b>	2a. Mailing Address <b>1895 Saint Edwards Drive</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

4. FEI Number <b>59-1059214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GREENE, NANCY N  
550 CAMELIA LANE  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81. Name <b>Same</b>
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City <b>Vero Beach</b>
85. Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROGERS, MRS. JAMES L.</b>	
STREET ADDRESS <b>200 COCONUT PALM ROAD</b>	
CITY-ST-ZIP <b>VERO BEACH FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RICHEY, DAN R.</b>	
STREET ADDRESS <b>SAINT EDWARDS DR</b>	
CITY-ST-ZIP <b>VERO BCH FL</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TEEL, DUDLEY G.</b>	
STREET ADDRESS <b>919 LADYBUG LANE</b>	
CITY-ST-ZIP <b>VERO BCH FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WOODWARD, STEWART H.</b>	
STREET ADDRESS <b>SAINT EDWARD'S DR.</b>	
CITY-ST-ZIP <b>VERO BCH FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>MINTON, MICHAEL D.</b>	
STREET ADDRESS <b>1903 S 25TH ST, STE 200</b>	
CITY-ST-ZIP <b>FT PIERCE FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STEWART, WILLIAM J.</b>	
STREET ADDRESS <b>SAINT EDWARDS DR</b>	
CITY-ST-ZIP <b>VERO BCH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>McCall, Ronald R. II</b>	
1.3 STREET ADDRESS <b>669 Lake Drive</b>	
1.4 CITY-ST-ZIP <b>VERO BEACH FL 32963</b>	
2.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Richey, Dan R.</b>	
2.3 STREET ADDRESS <b>1895 Saint Edwards Drive</b>	
2.4 CITY-ST-ZIP <b>VERO BEACH, FL 32963</b>	
3.1 TITLE <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Teel, Dr. Dudley G.</b>	
3.3 STREET ADDRESS <b>919 Ladybug Lane</b>	
3.4 CITY-ST-ZIP <b>VERO BEACH, FL 32963</b>	
4.1 TITLE <b>T/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Williams, Andrew W.</b>	
4.3 STREET ADDRESS <b>616 Azalea Lane</b>	
4.4 CITY-ST-ZIP <b>VERO BEACH, FL 32963</b>	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Rogers, Mrs. James L.</b>	
5.3 STREET ADDRESS <b>200 Coconut Palm Road</b>	
5.4 CITY-ST-ZIP <b>VERO BEACH, FL 32963</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>Arden, Hamilton G., Jr.</b>	
6.3 STREET ADDRESS <b>2911 CARDINAL DRIVE</b>	
6.4 CITY-ST-ZIP <b>VERO BEACH, FL 32963</b>	

14. I do hereby certify that the information supplied with this filing 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 one has not on an attachment with an address.

*[Signature]*

CFR2E037 (9/96)