

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707614

FILED
Jan 29, 2007
Secretary of State

Entity Name: SAINT EDWARD'S SCHOOL, INCORPORATED

Current Principal Place of Business:

1895 SAINT EDWARDS DR.
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

1895 SAINT EDWARDS DR.
VERO BEACH, FL 32963 US

New Mailing Address:

FEI Number: 59-1059214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: JAFFE, FRAULEIN
Address: 69 CACHE CAY DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

Title: T () Delete
Name: EDWARDS, RONALD L
Address: 660 BEACHLAND BLVD., SUITE 301
City-St-Zip: VERO BEACH, FL 32963 US

Title: C () Delete
Name: CUNNINGHAM, MARGARET
Address: 1815 PELICAN WAY
City-St-Zip: VERO BEACH, FL 32963 US

Title: D () Delete
Name: ANCEY, JAMES W
Address: 250 ISLAND CREEK DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: IRONS, CHESTER G
Address: 109 HIDDEN OAK DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

Title: D () Delete
Name: CANDLER, LINDSAY
Address: 1640 CHERRYSTONE WAY
City-St-Zip: VERO BEACH, FL 32963 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: LINUS, JAMES
Address: 502 TULIP LANE
City-St-Zip: VERO BEACH, FL 32963 US

Title: VC (X) Change () Addition
Name: SMICK, TIMOTHY
Address: 115 SAGO PALM ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Change () Addition
Name: CROOM, DAVID
Address: 1201 19TH PLACE, SUITE A 400
City-St-Zip: VERO BEACH, FL 32960 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY N. GREENE

Electronic Signature of Signing Officer or Director

CFO

01/29/2007

Date