

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90118 028 ****61.25

DOCUMENT # 710772

1. Entity Name

ST. JOHNS COUNTRY DAY SCHOOL



Principal Place of Business

3100 DOCTORS LAKE DRIVE
ORANGE PARK FL 32073

Mailing Address

3100 DOCTORS LAKE DRIVE
ORANGE PARK FL 32073



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0700127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

FOSTER, GREGORY L
3100 DOCTORS LAKE DR
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, NANCY	
STREET ADDRESS	1102 WYNDEGATE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MYERS, WILLIAM	
STREET ADDRESS	138 PASSAGE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	DP	<input type="checkbox"/> Delete
NAME	COWIE, ROBERT	
STREET ADDRESS	2586 ADMIRALS WALK DR. S.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MORAN, AUDREY	
STREET ADDRESS	9356 RIVER PINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWIE, ROBERT	
STREET ADDRESS	2586 ADMIRALS WALK DR. S.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michele Agee	
STREET ADDRESS	783 Creighton Rd	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES PACE	
STREET ADDRESS	3013 DOCTORS LAKE DR	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

4/9/2008

904.264.9572