

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710772

FILED
Jun 29, 2009
Secretary of State

Entity Name: ST. JOHNS COUNTRY DAY SCHOOL.

Current Principal Place of Business:

3100 DOCTORS LAKE DRIVE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

3100 DOCTORS LAKE DRIVE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-0700127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: DP () Delete
Name: COWIE, ROBERT
Address: 2586 ADMIRALS WALK DR S
City-St-Zip: ORANGE PARK, FL 32073

Title: DT () Delete
Name: MYERS, WILLIAM
Address: 138 PASSAGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: DV () Delete
Name: COWIE, ROBERT
Address: 2586 ADMIRALS WALK DR. S.
City-St-Zip: ORANGE PARK, FL 32073

Title: DV () Delete
Name: AGEE, MICHELE
Address: 783 CREIGHTON RD
City-St-Zip: ORANGE PARK, FL 32003

Title: DS (X) Delete
Name: PACE, JAMES
Address: 3013 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: ZEHNER, TODD
Address: 11703 DARTMOOR COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS (X) Change () Addition
Name: LIGUORI, ROBERT
Address: 1385 LAKEWOOD LANE
City-St-Zip: ORANGE PARK, FL 32073

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT R COWIE

DP

06/29/2009

Electronic Signature of Signing Officer or Director

Date