FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 11 PM 1:23

DOCUMENT # 714517 (0)

1. Corporation Name
SAINT ST. PAUL'S SCHOOL, INC.

Principal Place of Business	Mailing Address
1600 ST. PAUL'S DRIVE CLEARWATER FL 34624	1600 ST. PAUL'S DRIVE CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1968
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1220745 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BREWER, JERRY L.
12680 RIDGE ROAD
10
LARGO FL 34648

10. Name and Address of New Registered Agent

81 Name: ANITA A. FRIEHE
82 Street Address (P.O. Box Number Is Not Acceptable): SAINT PAUL'S SCHOOL
83: 1600 ST. PAUL'S DRIVE
84 City: CLEARWATER FL 85 Zip Code: 34624

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: [signature] DIRECTOR OF FINANCE 4/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	~~V~~ V/TR	☒ Change ☐ Addition
NAME	MARIANI, TIM K	1.2 NAME	MARIANI, TIM	
STREET ADDRESS	406 BAMBOO LANE	1.3 STREET ADDRESS	1550 S. HIGHLAND AVE	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34616	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	BLUME, STEVE	2.2 NAME	DELETE	
STREET ADDRESS	6350 118TH AVE NO	2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	~~D~~ T/TR	☒ Change ☐ Addition
NAME	KAHLER, R. J	3.2 NAME		
STREET ADDRESS	10647 BARDES CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP		
TITLE	C	4.1 TITLE	~~C~~ C/TR	☒ Change ☐ Addition
NAME	PETERSON, RONALD D	4.2 NAME		
STREET ADDRESS	10679 BARDES COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	~~S~~ S/TR	☒ Change ☐ Addition
NAME	JAHNES, BARBARA	5.2 NAME		
STREET ADDRESS	2774 HYDE PARK PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		TLL
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	If Deposited By Bank	

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)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] 4/18/95 (813) 441-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000681