FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **714517** **(0)**

1. Corporation Name

SAINT PAUL'S SCHOOL, INC.

Principal Place of Business	Mailing Address
1600 SAINT PAUL'S DRIVE CLEARWATER FL 34624-6495	1600 SAINT PAUL'S DRIVE CLEARWATER FL 34624-6495

3. Date Incorporated or Qualified: **04/26/1968**
3a. Date of Last Report: **07/11/1995**

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:

4. FEI Number: **59-1220745** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRIEHE, ANITA
1600 SAINT PAUL'S DRIVE
CLEARWATER FL 34624-6495

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V/TR	☐ DELETE	11 TITLE	C/TR	☒ Change ☐ Addition
NAME	MARIANI, TIM K		12 NAME		
STREET ADDRESS	1550 S. HIGHLAND AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		14 CITY-ST-ZIP		
TITLE	T/TR	☐ DELETE	21 TITLE	V/TR	☒ Change ☐ Addition
NAME	KAHLER, R. J		22 NAME		
STREET ADDRESS	10647 BARDES CT		23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		24 CITY-ST-ZIP		
TITLE	C/TR	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PETERSON, RONALD D		32 NAME		
STREET ADDRESS	10679 BARDES COURT		33 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		34 CITY-ST-ZIP		
TITLE	S/TR	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	JAHNES, BARBARA		42 NAME		
STREET ADDRESS	2774 HYDE PARK PLACE		43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	T/TR	☐ Change ☒ Addition
NAME			52 NAME	FISCHER, JOHN	
STREET ADDRESS			53 STREET ADDRESS	3023 GULL PLACE	
CITY-ST-ZIP			54 CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____ 4/15/96 813 441-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #