2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90047 029 ****61.25

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DOCUMENT # 714517

1. Entity Name
ST. PAUL'S SCHOOL, INC.

Principal Place of Business	Mailing Address
1600 SAINT PAUL'S DRIVE CLEARWATER, FL 33764 US	1600 SAINT PAUL'S DRIVE CLEARWATER, FL 33764 US

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLETTA, MARY C 1600 SAINT PAUL'S DRIVE CLEARWATER, FL 34624-6495	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 33764-6461

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 Mary C Coletta Mary C. Coletta, Business Manager 2/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR GIBSON, JAMES 300 SPOTTIS WOODS COURT CLEARWATER, FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR Mitchell, Judy 327 Lotus Path Clearwater, Fl 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR MITCHELL, JUDY 327 LOTUS PATH CLEARWATER, FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR Sibson, Jim 445 Country Club Road Belleair, Fl 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR BIRCH, DOUGLAS 3877 EXECUTIVE DRIVE PALM HARBOR, FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR LEISER, HOLLY 1614 HAMPTON LN SAFETY HARBOR, FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR Ryan, Patricia 437 St. Andrews Dr. Belleair, Fl 33774	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Judy Mitchell 2-6-04 727-531-1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #