2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90211 009 ****70.00

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

04282006 Chg-NP CR2E037 (4/06)

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

COLETTA, MARY C
1600 SAINT PAUL"S DRIVE
CLEARWATER, FL 33764-6461

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 Mary C Coletta Mary C. Coletta, Director of Business & Finance 5/1/06
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, 2006

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 MITCHELL, JUDY 327 LOTUS PATH CLEARWATER, FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR Karaphillis, Theo 509 Osceola Road Bellair, Fl 33756	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR KARAPHILLIS, THEO 509 OSCEOLA ROAD BELLAIR, FL 33756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR Sibson, Jim 445 Country Club Road Clearwater, 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 RYAN, PATRICIA 437 ST. ANDREWS DR. LARGO, FL 33774	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR Kastrenakos, Maria 1755 McCauley Road Clearwater, Fl 33765	☐ 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 exemptions contained 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 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: _____ 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #