

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714517

FILED
Jan 07, 2009
Secretary of State

Entity Name: SAINT PAUL'S SCHOOL, INC.

Current Principal Place of Business:

1600 SAINT PAUL'S DRIVE
CLEARWATER, FL 33764 US

New Principal Place of Business:

1600 ST. PAUL'S DRIVE
CLEARWATER, FL 33764 US

Current Mailing Address:

1600 SAINT PAUL'S DRIVE
CLEARWATER, FL 33764 US

New Mailing Address:

1600 ST. PAUL'S DRIVE
CLEARWATER, FL 33764 US

FEI Number: 59-1220745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLETTA, MARY C
1600 SAINT PAUL'S DRIVE
CLEARWATER, FL 337646461 US

Name and Address of New Registered Agent:

COLETTA, MARY C
1600 ST. PAUL'S DRIVE
CLEARWATER, FL 337646461 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:

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CTR () Delete
Name: FULLERTON, KENNETH
Address: 12730 PELORIA COURT
City-St-Zip: SEMINOLE, FL 33778

Title: VTR () Delete
Name: HAWKINS, KEVIN
Address: 297 EAST LEIGH DR.
City-St-Zip: CLEARWATER, FL 33756

Title: TTR () Delete
Name: HICKS, ROBERT
Address: 2857 CHANCESY LANE
City-St-Zip: CLEARWATER, FL 33759

Title: STR () Delete
Name: RYAN, PATRICIA
Address: 437 ST. ANDREWS DR
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTR (X) Change () Addition
Name: HAWKINS, KEVIN
Address: 3 HARBORSIDE DRIVE
City-St-Zip: BELLEAIR, FL 33756

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

Title: STR (X) Change () Addition
Name: MCARTHUR, JAMES
Address: 504 PARK AVENUE
City-St-Zip: BELLEAIR, FL 33756

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: MARY C. COLETTA

DIR

01/07/2009

Electronic Signature of Signing Officer or Director

Date