## 2005 NOT-FOR-PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Feb 07, 2005 8:00 am **Secretary of State** ANNUAL REPORT

FILED

## **DOCUMENT #718620** 02-07-2005 90059 014 \*\*\*\*61.25 ST. MARK'S EPISCOPAL DAY SCHOOL OF JACKSONVILLE. INC. 40013737 Principal Place of Business Mailing Address 4114 OXFORD AVENUE **4114 OXFORD AVENUE** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-1299980 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired .--7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALHOUN, FLORENCE G Street Address (P.O. Box Number is Not Acceptable) 4114 OXFORD AVENUE JACKSONVILLE, FL 32210 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Added to Fees Fiorida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition Randolph A. Gordon 4114 Oxford Avenue Jacksonville FL 32210 DAME, JILL L NAME NAME STREET ADDRESS 4114 OXFORD AVENUE STREET ADDRESS JACKSONVILLE, FL 32210 CITY-ST-7P CITY-ST-ZIP O Gregory B. Anderson 4114 Oxford Avenue Jacksonville FL 32210 TITLE Delete TITLE ☐ Change Addition NAME SPRUILL, R.LEIGH NAME 4114 OXFORD AVENUE STREET ANORESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change JACOBS, RUTH E Ponna M Beames-NAME NAME 4114 Oxford Avenue STREET ADDRESS 4114 OXFORD AVENUE STREET ADDRESS JACKSONVILLE, FL 32210 CITY-ST-7/P Jacksonville FL 32210 CITY-ST-ZIP TITLE SD ☐ Delete TITL F ☐ Addition ☐ Channe NAME BATES, REBECCA NAME STREET ADDRESS 4114 OXFORD AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP **∠** Delete TITLE TITN F ☐ Change ■ Addition WALKER, CRAIG C NAME NAME STREET ADORESS 4114 OXFORD AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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