2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #718620

1. Entity Name



FILED Jan 30, 2006 8:00 am Secretary of State 01-30-2006 90071 003 ****61.25

Daytime Phone #

ST. MARK'S EPISCOPAL DAY SCHOOL OF JACKSONVILLE, INC.								
4114 OXFORD AVENUE 4114			g Address 4 Oxford Avenue Sonville, FL 32210					
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202006 Ch	g-NP CR2	E037 (11/05)	
City & State		City & State			4. FEI Number 59-1299980	0	<u> </u>	plied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 Add	litlonal
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Register	<u>·</u>	
			Nar	Name				
CALHOUN, FLORENCE G 4114 OXFORD AVENUE JACKSONVILLE, FL 32210			Stre	Street Address (P.O. Box Number is Not Acceptable)				
0.101.00.111.121.11								
			City	1	FL Zip Code			
	named entity submits this statement for ions of registered agent.	r the purpose of chang	ging its registered offi	ce or register	red agent, or both, in t	the State of Florida.	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent	signatura required	d when reinstating)	DA	TE.	
	Filler Fee le \$64.25	9 Flect	on Campaign Financi	ina	\$5.00 5	Make ch	eck payable to	
	Filing Fee is \$61.25 Due by May 1, 2006		Trust Fund Contribution.		\$5.00 May Be Added to Fees		partment of Si	
10.	OFFICERS AND DIF		11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	
TITLE	TD	Dele		D	^	1	Change	Addition
NAME Street Address	DAME, JILL L 4114 OXFORD AVENUE		NAME STREET ADDE	Egai	n, George	() 		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	404	n, George M Oxford Aver Ksonville FL	32210		
TITLE	D	☐ Dele	e TITLE	ما			☐ Change	Addition
NAME	GORDON, RANDOLPH A		NAME	Ive	y, Bruce D. Oxford Aver Ksonville FL	i		
STREET ADDRESS CITY+ST-ZIP	4114 OXFORD AVENUE JACKSONVILLE, FL 32210		STREET ADDR CITY-ST-ZIP	RESS 4LI4	oxford Aver	nue		
	D	Dele		Joel	Ksonville FL	32270	☐ Change	☐ Addition
TITLE NAME	JACOBS, RUTH E	T Dele	NAME	ł			□ cisside	Accillon
STREET ADDRESS	4114 OXFORD AVENUE		STREET ADDI	ress				
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	<u> </u>				
TITLE	SD	X Dele					Change	■ Addition
NAME	BATES, REBECCA	•	NAME OTREET ADDI	200				
STREET ADDRESS CITY-ST-ZIP	4114 OXFORD AVENUE JACKSONVILLE, FL 32210		STREET ADDR	· 1				
TITLE	D	☐ Dele					☐ Change	Addition
NAME	ANDERSON, GREGORY B		NAME					
STREET ADDRESS	4114 OXFORD AVENUE		STREET ADD	RESS	Cr. 1			
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-21F	<u> </u>				
TITLE	SD	☐ Dele					☐ Change	☐ Addition
NAME	BEAMES, DONNA M		NAME STOCET ADD	DECC				
STREET ADDRESS CITY-ST-ZIP	4114 OXFORD AVENUE JACKSONVILLE, FL 32210		STREET ADD: CITY-ST-ZIF	l l		•		
42 I barabu						tale Breeze and Comban		ntormation
	certify that the information supplied with don this report or supplemental report is reporation or the receiver or trustee emply, or on an attachment with an address.	n this filing does not a	Jalify for the exemptic	ons contained	d in Chapter 119, Flor	nda Statutes. I turtner	certify that the ii	HOITHAGOIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \angle