2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

1. Entity Name ST. MARK'S EPISCOPAL DAY SCHOOL OF JACKSONVILLE, INC.									02-04-2008	90049 0	34 ****61.	25		
4114 OXFORD AVENUE 41			4114	alling Address 1114 OXFORD AVENUE ACKSONVILLE, FL 32210										
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Maili	ing Address										
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01252008	Chg-NP	CR2E	037 (12/06)			
City & State			City	City & State				4. FEI Number 59-1299			}	oplied For		
Zip	Zip Country		Zip	Zip C		untry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				ditional			
	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	Address of New	Registere	d Agent			
CALHOUN	FLORE	NCE G				Name								
CALHOUN, FLORENCE G 4114 OXFORD AVENUE JACKSONVILLE, FL 32210					<u></u>			Street Address (P.O. Box Number is Not Acceptable)						
0.10.10011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
						City					L Zip Cod	e		
	named entit	ty submits this statement tered agent.	for the purp	ose of changing its	s register	ed office o	r register	ed agent, or both	n, in the State of I	Florida. I a	m familiar with,	and accept		
SIGNATURE .														
i	Signature, typed	d or printed name of registered agei	nt and title if app	licable. (NO1	TE: Registere	ed Agent signal	ture required	when reinstating)		DATE				
i	Filing Fe	ee is \$61.25 Way 1, 2008	nt and title if app	9. Election Ca Trust Fund	mpaign f	inancing	ture required	\$5.00 May Be Added to Fees		Make che	ock payable teartment of S			
10.	Filing Fe	ee is \$61.25		9. Election Ca	mpaign f	inancing tion.		\$5.00 May Be	FI	Make che orida Dep	ock payable t artment of S	tate 1		
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGAN, GI	ee is \$61.25 May 1, 2008		9. Election Ca	mpaign F Contribut 11. TITL NAW STRI	Financing tion.		\$5.00 May Be Added to Fees	FI INGES TO OFFIC	Make che orida Dep	ock payable t artment of S	tate 1		
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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 eceiver 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: