

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751824 (4)

1. Corporation Name

ST. MARY'S EPISCOPAL DAY SCHOOL, INC.



Principal Place of Business

2101 S. HUBERT AVE.
TAMPA FL 33629
US

Mailing Address

2101 S. HUBERT AVE.
TAMPA FL 33629
US

3. Date Incorporated or Qualified
03/31/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

4. FEI Number

59-1985294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

METCALF, MATT
2101 S. HUBERT
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TR
NAME RUSS, ANDREW R
STREET ADDRESS 3007 CHAPIN AVE.
CITY-ST-ZIP TAMPA, FL 00000 ☐ DELETE

TITLE TR
NAME ANDRETTA, EVELYNE
STREET ADDRESS 3902 W. SAN RAFAEL
CITY-ST-ZIP TAMPA, FL 00000 ☐ DELETE

TITLE TRS
NAME ROBINSON, ELLEN
STREET ADDRESS 3005 CHAPIN AVE.
CITY-ST-ZIP TAMPA, FL 00000 ☐ DELETE

TITLE TR
NAME COLEMAN, JOAN
STREET ADDRESS 3626 BEACH DR.
CITY-ST-ZIP TAMPA, FL 00000 ☐ DELETE

TITLE TR
NAME BLANTON, LEE
STREET ADDRESS 3706 EMPEDRADO ST.
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE D
NAME METCALF, MATT
STREET ADDRESS 3119 HAWTHORNE RD.
CITY-ST-ZIP TAMPA FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

251-8002

Daytime Phone #

CR2E037 (12/95)