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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33629-5648 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1980		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1985294		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
23 Zip	28 Zip	Country		Country		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
METCALF, MATT 2101 S. HUBERT TAMPA FL 33629				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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TRT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSS, ANDREW R	1.2 NAME	
STREET ADDRESS	3007 CHAPIN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRETTA, EVELYNE	2.2 NAME	Fr. Kevin F. Donlon
STREET ADDRESS	3902 W. SAN RAFAEL	2.3 STREET ADDRESS	4311 San Miguel
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	TRS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TR/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, ELLEN	3.2 NAME	Kathleen Nolen
STREET ADDRESS	3005 CHAPIN AVE.	3.3 STREET ADDRESS	4501 Woodmere Rd.
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JOAN	4.2 NAME	
STREET ADDRESS	3828 BEACH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, LEE	5.2 NAME	
STREET ADDRESS	3706 EMPEDRADO ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METCALF, MATT	6.2 NAME	
STREET ADDRESS	3119 HAWTHORNE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* METCALF, MATT
 METCALF, MATT 04/25/97 813/251-8002

CP2E037 (9/96)