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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**2101 S. HUBERT AVE.
TAMPA FL 33629
US**

**2101 S. HUBERT AVE.
TAMPA FL 33629
US**

3. Date Incorporated or Qualified

03/31/1980

4. FEI Number

59-1985294

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ 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

PRUIETT, SUZAN

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

2101 S. Hubert Ave.

83

84 City

Tampa

FL

85 Zip Code
33629

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

Suzan H. Pruett
Signature (Typed or printed name of registered agent and title if applicable)

Suzan H. Pruett, Asst. Treas.

03/28/98

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **TR** ☐ DELETE
NAME **DONLON, KEVIN F FR**
STREET ADDRESS **4311 SAN MIGUEL**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **TRC** ☐ DELETE
NAME **NOLEN, KATHLEEN**
STREET ADDRESS **4501 WOODMERE RD**
CITY-ST-ZIP **TAMPA, FL 00000**

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Asst. Treas.** ☐ Change ☒ Addition
1.2 NAME **Pruett, Suzan H.**
1.3 STREET ADDRESS **2101 S. Hubert Ave.**
1.4 CITY-ST-ZIP **Tampa, FL 33629**

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 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:

Suzan H. Pruett

Suzan H. Pruett, Asst. Treas.

03/28/98

813/258-5508

CP2E037 (10/97)