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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90268 001 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 751824**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/31/1980	
City & State		City & State		4. FEI Number	
Zip		Zip		59-1985294	
Country		Country		Applied For	
25		29		Not Applicable	
28		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	

9. Name and Address of Current Registered Agent

**PRUIETT, SUZAN**  
 2101 S HUBERT AVE  
 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 617.0503, Florida Statutes.

SIGNATURE: Suzan Pruiett, Assistant Treasurer DATE: April 15, 1999

Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	TR
NAME	RUSS, ANDREW R	1.2 NAME	Parido, Harvey
STREET ADDRESS	3007 CHAPIN AVE.	1.3 STREET ADDRESS	4906 New Providence
ST. ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	TR	2.1 TITLE	
NAME	DONLON, KEVIN F FR	2.2 NAME	
STREET ADDRESS	4311 SAN MIGUEL	2.3 STREET ADDRESS	
ST. ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TRC	3.1 TITLE	
NAME	NOLEN, KATHLEEN	3.2 NAME	
STREET ADDRESS	4501 WOODMERE RD	3.3 STREET ADDRESS	
ST. ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TR	4.1 TITLE	
NAME	COLEMAN, JOAN	4.2 NAME	
STREET ADDRESS	3626 BEACH DR.	4.3 STREET ADDRESS	
ST. ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	
NAME	BLANTON, LEE	5.2 NAME	
STREET ADDRESS	3706 EMPEDRADO ST.	5.3 STREET ADDRESS	
ST. ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	TR	6.1 TITLE	
NAME	METCALF, MATT	6.2 NAME	
STREET ADDRESS	3115 HAWTHORNE RD.	6.3 STREET ADDRESS	
ST. ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Suzan Pruiett DATE: 4/15/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 813/258-5508

CR2E037 (11/98)