2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751824

FILED Apr 24, 2006 Secretary of State

Entity Name: ST. MARY'S EPISCOPAL DAY SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 2101 S. HUBERT AVE. TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 2101 S. HUBERT AVE TAMPA, FL 33629 FEI Number: 59-1985294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORD, JR, ROY J ESQ MAYFIELD, CRAIG ESQ HILL, WARD, & HENDERSON, PA HILL, WARD, & HENDERSON, PA 101 É KENNÉDY BLVD, STE 3700 101 É KENNÉDY BLVD, STE 3700 TAMPA, FL 33602 US TAMPA, FL 33602 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: CRAIG MAYFIELD 04/24/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RUSS, ANDREW J MR Name: Name: 4306 SWANN AVE Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STRASKE, STEPHEN B MR Name: Address: 3302 MULLEN AVENUE Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: () Change () Addition ROTHSCHILD, JANE MRS Name: Name: 4508 CULBREATH AVENUE. Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: (X) Change () Addition FOWLER, ELIZABETH P MRS Name: Name: FORD, LAURA S MRS Address: 1902 WYKAGYL Address: 3403 W SAN JOSE ST City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629 Title: () Delete Title: () Change () Addition HILL, STEPHEN MR Name: Name: 2926 VILLA ROSA PARK Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: () Delete Title: () Change () Addition RUFF, CYNTHIA H MRS Name: Name: Address: 4409 W BEACH PARK DR Address: TAMPA, FL 33609 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW J. RUSS MR 04/24/2006