

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751824

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

2101 S. HUBERT AVE.
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

2101 S. HUBERT AVE.
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 59-1985294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRUIETT, SUZAN H MRS
2101 SOUTH HUBERT
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RUSS, ANDREW J MR
Address: 4306 SWANN AVE.
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: GOULD, TIFFANY MRS
Address: 1211S SUFFOLK DR
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: ROTHSCHILD, JANE MRS
Address: 4508 CULBREATH AVENUE.
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: FORD, LAURA S MRS
Address: 3403 W SAN JOSE ST
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: GUAGLIARDO, NELSON MR
Address: 811 S. WOODLYN DR.
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: RUFF, CYNTHIA H MRS
Address: 4409 W BEACH PARK DR
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FEDOROVICH, DENNIS MR
Address: 2938 W LAWN AVE
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUZAN H PRUIETT

MRS

03/23/2009

Electronic Signature of Signing Officer or Director

Date