


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002510
 1. Entity Name
 ST. JOHN'S PARISH DAY SCHOOL, INC.



Principal Place of Business: 906 S. ORLEANS AVE. TAMPA, FL 33606
 Mailing Address: 906 S. ORLEANS AVE. TAMPA, FL 33606

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07262004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 74-2986047
 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MURRAY, JAMES K JR
 906 S. ORLEANS AVE.
 TAMPA, FL 33606

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B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by September 8, 2004
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RELLEY, JEANETTE
STREET ADDRESS	2603 FOUNTAIN BLVD
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	JWD
NAME	WALKER, RON
STREET ADDRESS	1030 STERLING AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	SWD
NAME	MURRAY, JAMES JR
STREET ADDRESS	PO BOX 30098
CITY-ST-ZIP	TAMPA, FL 336303098
TITLE	TD
NAME	GIOVENCO, NORMAN
STREET ADDRESS	3404 FAIR OAKS
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald E. Wain 07.26.04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #