

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90143 030 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MURRAY, JAMES K JR
906 S. ORLEANS AVE.
TAMPA FL 33606**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLEY, JEANETTE	
STREET ADDRESS	2603 FOUNTAIN BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	JWD	<input type="checkbox"/> Delete
NAME	WALKER, RON	
STREET ADDRESS	1030 STERLING AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SWD	<input type="checkbox"/> Delete
NAME	MURRAY, JAMES JR	
STREET ADDRESS	PO BOX 30098	
CITY-ST-ZIP	TAMPA FL 33630-3098	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIOVENCO, NORMAN	
STREET ADDRESS	3404 FAIR OAKS	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIG^d Jeanette R Kelley**

2.21.03 849-6200

CR2E037 (10/02)