

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90083 023 \*\*\*\*61.25

**DOCUMENT # N00000003699**

1. Entity Name

**ST. PAUL'S PAROCHIAL SCHOOL, INC.**



Principal Place of Business

**7200 N. WICKHAM RD.  
MELBOURNE FL 32940**

Mailing Address

**7200 N. WICKHAM RD.  
MELBOURNE FL 32940**

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 **59-3670764**

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

**KITE-POWELL, CANON RUFUS B REV.  
7200 N. WICKHAM RD.  
MELBOURNE FL 32940**

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

TITLE **D** ☐ Delete  
NAME **KITE-POWELL, CANON RUFUS B REV.**  
STREET ADDRESS **7200 N. WICKHAM RD.**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☐ Delete  
NAME **KING, SUE**  
STREET ADDRESS **1354 YORK CIR.**  
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **D** ☒ Delete  
NAME **BOOTH, JAMES R**  
STREET ADDRESS **1995 BUCKHEAD CT**  
CITY-ST-ZIP **VIERA FL 32955**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Shepherd, Bill**  
STREET ADDRESS **417 Nth. Neptune Drive**  
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Canon RUFUS B Powell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.9.03**

Date

**321.508.4588**

Daytime Phone #

CR2E037 (10/02)