

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000001979

1. Entity Name
 ST. PETER'S ACADEMY, INC.



Principal Place of Business
 4250 38TH AVENUE
 VERO BEACH, FL 32967 US

Mailing Address
 4250 38TH AVENUE
 VERO BEACH, FL 32967 US



01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 31-1775432 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFERSON, ANDREW
 4250 38TH AVENUE
 VERO BEACH, FL 32967

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JEFFERSON, ANDREW
STREET ADDRESS	4236 57TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	T
NAME	TEMPLE, ROBERT MR
STREET ADDRESS	P.O. BOX 5064
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	S
NAME	MCKINNEY, MARY MISS
STREET ADDRESS	4206 58TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/14/08-80004-024 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary A. McKinney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 (772) 562-1963
 Date Daytime Phone #