


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90035 003 ****61.25

DOCUMENT # N03000001202					
1. Entity Name ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC.					
Principal Place of Business 330 85TH AVENUE ST. PETE BEACH, FL 33706			Mailing Address 330 85TH AVENUE ST. PETE BEACH, FL 33706		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCDOWELL, JAMES L REV. 330 85TH AVENUE ST. PETE BEACH, FL 33706				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, JOAN		NAME	SCHORY, JOAN	
STREET ADDRESS	330 85TH AVENUE		STREET ADDRESS	330 85TH AVE	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706		CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHUM, LARRY		NAME	KIM TURNER	
STREET ADDRESS	330 85TH AVENUE		STREET ADDRESS	330 85TH AVE	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706		CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRSCIN, SUE		NAME	BETH GORDON	
STREET ADDRESS	330 85TH AVENUE		STREET ADDRESS	330 85TH AVE	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706		CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUBACH, WILLIAM M		NAME		
STREET ADDRESS	330 85TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETE BEACH, FL 33706		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, CAROL		NAME		
STREET ADDRESS	330 85TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETE BEACH, FL 33706		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, JAMES LYNN		NAME	MCDOWELL, JAMES LYNN	
STREET ADDRESS	330 85TH AVENUE		STREET ADDRESS	330 85TH AVE	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706		CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
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: <i>James L. McDowell</i>			Date: 3-2-04		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR			Daytime Phone #		