

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90023 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

**50016998**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

16-1688459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDON, BETH  
330 85TH AVENUE  
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2005**

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 **VD** **SCHORY** ☐ Delete  
NAME **SHORY, JOAN**  
STREET ADDRESS **330 85TH AVENUE**  
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **VD** ☐ Delete  
NAME **TURNER, KIM**  
STREET ADDRESS **330 85TH AVENUE**  
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **TD** ☐ Delete  
NAME **GORDON, BETH**  
STREET ADDRESS **330 85TH AVENUE**  
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **SD** ☐ Delete  
NAME **LAUBACH, WILLIAM M**  
STREET ADDRESS **330 85TH AVENUE**  
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

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 **SCHORY** ☒ Change ☐ Addition  
NAME **Shory, Joan**  
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  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-15-05**