

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001202

FILED  
May 15, 2007  
Secretary of State

**Entity Name:** ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC.

**Current Principal Place of Business:**

330 85TH AVENUE  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

330 85TH AVENUE  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 16-1688459      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD      ( ) Delete  
Name: CONE, BRIAN  
Address: 330 85TH AVENUE  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VD      ( ) Delete  
Name: SCHORY, JOAN  
Address: 330 85TH AVENUE  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: TD      ( ) Delete  
Name: GORDON, BETH  
Address: 330 85TH AVENUE  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: SD      ( ) Delete  
Name: TURNER, KIM  
Address: 330 85TH AVENUE  
City-St-Zip: ST. PETE BEACH, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      (X) Change ( ) Addition  
Name: KING, ROBERT G  
Address: 5517 16TH AVE. S  
City-St-Zip: GULFPORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH GORDON

RA

05/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date