

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001202

FILED
Apr 28, 2008
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CAVE, JULIAN A
15815 GULF BLVD.
N. REDINGTON BEACH, FL 33708 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: THE REV. DR. JULIAN A. CAVE, JR.

04/28/2008

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: KING, ROBERT G
Address: 5517 16TH AVE. S
City-St-Zip: GULFPORT, FL 33707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TALIAFERRO, JOEL
Address: 521 HAVEN POINT DR.
City-St-Zip: TREASURE ISLAND, FL 33706

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

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

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

Title: DIR () Change (X) Addition
Name: GREGORY, ELIZABETH
Address: 5555 25 AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33710

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 S. GORDON

TD

04/28/2008

Electronic Signature of Signing Officer or Director

Date