

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001202

**FILED**  
**Apr 30, 2010**  
**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:**

CRAWFORD, HAYDEN G  
701 45TH AVENUE S.  
ST. PETERSBURG, FL 33705 US

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

GORDON, BETH S  
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: BETH S. GORDON

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MACCONNELL, JOE  
Address: 1206 ROBIN ROAD  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VD  
Name: SCHORY, JOAN  
Address: 6088 GULFPORT BLVD. S.  
City-St-Zip: S. PASADENA, FL 33707

Title: TD  
Name: GORDON, BETH  
Address: 12050 6TH STREET E.  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S  
Name: MARONE, LISA  
Address: 107 5TH AVENUE  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: DIR  
Name: GREGORY, ELIZABETH  
Address: 55555 25 AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby 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 all other like empowered.

SIGNATURE: BETH S. GORDON

TD

04/30/2010

Electronic Signature of Signing Officer or Director

Date