

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006586

FILED
Mar 02, 2009
Secretary of State

Entity Name: ST. JOSEPH ACADEMY HIGH SCHOOL, INC.

Current Principal Place of Business:

155 STATE ROAD 207
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

155 STATE ROAD 207
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-1271456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIDI, DENNIS E ESQ
1837 HENDRICKS AVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: MORGAN, MICHAEL REV
Address: 155 STATE ROAD 207
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DV () Delete
Name: MORGAN, MICHAEL REV
Address: 11625 OLD ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: DST () Delete
Name: TURNEY, PATRICIA MRS
Address: 11625 OLD ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOULE, MICHAEL REV
Address: 155 STATE ROAD 207
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: DST (X) Change () Addition
Name: TIERNEY, PATRICIA MRS
Address: 11625 OLD ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

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: MICHAEL R. HOULE

DP

03/02/2009

Electronic Signature of Signing Officer or Director

Date