2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005859

Entity Name: BISHOP JOHN SNYDER HIGH SCHOOL, INC.

FILED Apr 14, 2009 Secretary of State

pal Place of Business:
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5001 SAMARITAN WAY JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

5001 SAMARITAN WAY JACKSONVILLE, FL 32210

FEI Number: 45-0463893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

OFFICERS AND DIRECTORS:

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

Electronic eignature or registere

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PVST
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 MORGAN, MICHAEL REV
 Name:
 MORGAN, MICHAEL REV

 Address:
 11625 OLD ST AUGUSTINE RD
 Address:
 11625 OLD ST AUGUSTINE RD

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:
 JACKSONVILLE, FL 32258

Title: D () Delete Title: D (X) Change () Addition Name: MORGAN, MICHAEL REV Name: HOULE, MICHAEL REV Address: 11625 OLD ST AUGUSTINE RD 1625 OLD ST. AUGUSTINE RD

Address: 11625 OLD ST AUGUSTINE RD Address: 11625 OLD ST. AUGUSTINE RD City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32258

Title: () Delete Title: D () Change (X) Addition Name: TIERNEY, PATRICIA

Address: Address: 11625 OLD ST. AUGUSTINE ROAD
City-St-Zip: 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 MORGAN D 04/14/2009