

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:28

DOCUMENT # **N30345** (5)

1. Corporation Name

SAINT JOSEPH'S EPISCOPAL SCHOOL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O JUDITH S. ROGERS
3300 SOUTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435

C/O JUDITH S. ROGERS
3300 SOUTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/25/1989** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0115103** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGERS, JUDITH S.
3300 SOUTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **TRIESTE, J. ALEXANDER**
STREET ADDRESS **532 NW 1ST AVENUE**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE **D**
NAME **SHRAMKO, LARRY**
STREET ADDRESS **1711 LAKE DRIVE**
CITY - ST - ZIP **DELRAY BEACH FL**

TITLE **D**
NAME **BOTTCHER, MICHAEL**
STREET ADDRESS **148 SW 24TH AVENUE**
CITY - ST - ZIP **BOYNTON BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition
1.2 NAME **Shramko, Larry**
1.3 STREET ADDRESS **1711 Lake Drive**
1.4 CITY - ST - ZIP **Delray Beach, FL**

2.1 TITLE **D** Change Addition
2.2 NAME **Allerton, Lisa**
2.3 STREET ADDRESS **76 Beachway Drive**
2.4 CITY - ST - ZIP **Ocean Ridge, Fla.**

3.1 TITLE **D** Change Addition
3.2 NAME **Swaney, William**
3.3 STREET ADDRESS **11062 S. Military Trail, Suite 407**
3.4 CITY - ST - ZIP **Boynton Beach, Fla.**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Larry M. Shramko* **LARRY M. SHRAMKO**

4/24/95

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature