


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90042 013 ****61.25

DOCUMENT # N30345
 1. Entity Name
SAINT JOSEPH'S EPISCOPAL SCHOOL, INC.



Principal Place of Business Mailing Address
 3300 B SOUTH SEACREST BOULEVARD 3300 B SOUTH SEACREST BOULEVARD
 BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0115103 Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
PRINCE, YVONNE K
3300 B SOUTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | ALLERTON, LISA | |
| STREET ADDRESS | 76 BEACHWAY DRIVE | |
| CITY-ST-ZIP | OCEAN RIDGE FL 33435 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | EWING, NANCY | |
| STREET ADDRESS | 955 ISLES ROAD | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |
| TITLE | TT | <input type="checkbox"/> Delete |
| NAME | SWANEY, WILLIAM | |
| STREET ADDRESS | 801 S. OCEAN BLVD. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALASHINAS, KIMBERLY | |
| STREET ADDRESS | 4705 SABAL PALMS DRIVE | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonne K. Prince
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-
 1-26-05 732-2045
 Date Daytime Phone #