

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90035 050 ****70.00

DOCUMENT # N30345			
1. Entity Name SAINT JOSEPH'S EPISCOPAL SCHOOL, INC.			
Principal Place of Business 3300 B SOUTH SEACREST BOULEVARD BOYNTON BEACH, FL 33435		Mailing Address 3300 B SOUTH SEACREST BOULEVARD BOYNTON BEACH, FL 33435	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRINCE, AVONILE K. 3300 B SOUTH SEACREST BOULEVARD BOYNTON BEACH, FL 33435		Name <i>Kay B. Johnson</i> Street Address (P.O. Box Number is Not Acceptable) <i>777 E. Atlantic Avenue</i> City <i>Delray Beach</i> FL Zip Code <i>33483</i>	
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 <i>Kay B. Johnson</i>		DATE <i>January 4, 2008</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLERTON, LISA	NAME	
STREET ADDRESS	76 BEACHWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALASHINAS, KIMBERLY	NAME	
STREET ADDRESS	4705 SABLE PALMS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANEY, WILLIAM	NAME	
STREET ADDRESS	801 S. OCEAN BLVD.	STREET ADDRESS	<i>One Peacock Lane</i>
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	<i>Village of Golf, FL 33436</i>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAKRADOONI, MICHAEL	NAME	
STREET ADDRESS	1255 NW 17TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, JANET	NAME	
STREET ADDRESS	812 NE 1ST COURT	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 power like empowered.			
SIGNATURE: <i>Lisa Allerton</i>		Date: <i>3/18/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	