

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30345

FILED
Apr 23, 2009
Secretary of State

Entity Name: SAINT JOSEPH'S EPISCOPAL SCHOOL, INC.

Current Principal Place of Business:

3300 B SOUTH SEACREST BOULEVARD
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

3300 B SOUTH SEACREST BOULEVARD
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0115103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLEASANTON, TAMI
3300 B SOUTH SEACREST BLVD.
BOYNTON BEACH, FL 33435 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: PD () Delete
Name: SWANEY, WILLIAM C
Address: ONE PEACOCK LAND
City-St-Zip: VILLAGE OF GOLF, FL 33436

Title: VD () Delete
Name: VALASHINAS, KIMBERLY
Address: 4705 SABLE PALMS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD (X) Delete
Name: STORKERSON, CHRISTOPHER
Address: 770 E. ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: STEPIC, GREGORY
Address: 9523 BARLETTA WINDS PT.
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIAM SWANEY

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date