

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/29

01-29-2003 90174 021 ****61.25

DOCUMENT # N30345



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

Principal Place of Business Mailing Address
~~C/O JUDITH S. ROGERS~~ ~~C/O JUDITH S. ROGERS~~
3300 B SOUTH SEACREST BOULEVARD **3300 B SOUTH SEACREST BOULEVARD**
BOYNTON BEACH FL 33435-8661 **BOYNTON BEACH FL 33435-8661**

53006867



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
3300 B South Seacrest Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOYNTON BEACH BOYNTON BEACH, FL.
Zip Country Zip Country
33435 PALM Bch. 33435 PALM Bch.

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

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

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

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

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 D	<input checked="" type="checkbox"/> Delete
NAME SHRAMKO, CARRY	
STREET ADDRESS 1711 LAKE DRIVE	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ALLERTON, LISA	
STREET ADDRESS 76 BEACHWAY DRIVE	
CITY-ST-ZIP OCEAN RIDGE FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SWANEY, WILLIAM	
STREET ADDRESS 11062 S. MILITARY TRAIL, SUITE 407	
CITY-ST-ZIP BOYNTON BEACH FL	
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 PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LISA ALLERTON	
STREET ADDRESS 76 BEACHWAY DRIVE	
CITY-ST-ZIP OCEAN RIDGE, FL. 33435	
TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NANCY EWING	
STREET ADDRESS 955 ISLES ROAD	
CITY-ST-ZIP BOYNTON BEACH, FL. 33435	
TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAM SWANEY	
STREET ADDRESS 801 S. OCEAN BLVD.	
CITY-ST-ZIP DELRAY BEACH, FL. 33483	
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)(l), 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** **1-23-03**
Date Daytime Phone #

CR2E037 (10/02)