

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90025 027 \*\*\*\*61.25

**DOCUMENT # N93000004905**

1. Entity Name

ST. DAVID'S EPISCOPAL SCHOOL, INC.



Principal Place of Business

Mailing Address

465 W. FOREST HILL BLVD.  
WELLINGTON FL 33414  
US

465 W. FOREST HILL BLVD.  
WELLINGTON FL 33414  
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0564233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNN, ROBERT  
C/O SHUTTS & BOWEN  
250 AUSTRALIAN AVE. S. STE 500  
WEST PALM BEACH FL 33401

Name Deric Tipton

Street Address (P.O. Box Number is Not Acceptable)

14882 Horseshoe Trace

City Wellington

FL

Zip Code 33414

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	T	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, SAM	
STREET ADDRESS	14349 HORSESHOE TRACE	
CITY - ST - ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, STEVEN W	
STREET ADDRESS	14445 HORSESHOE TRACE	
CITY - ST - ZIP	WELLINGTON FL 33414	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ELMORE, JENNIFER B	
STREET ADDRESS	12324 GINGERWOOD LANE	
CITY - ST - ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURR, RICHARD	
STREET ADDRESS	1978 WHITE CORAL WAY	
CITY - ST - ZIP	WELLINGTON FL 33414	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Win Blodgett	
STREET ADDRESS	12905 Mitford Ct.	
CITY - ST - ZIP	Wellington, FL 33414	
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		
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 exemptions contained in Section 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 other like empowered.

SIGNATURE: W. Steven Thomas W. STEVEN THOMAS 1-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-793-1976