2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N93000004905

Entity Name: ST. DAVID'S EPISCOPAL SCHOOL, INC.

Current Principal Place of Business:

465 W. FOREST HILL BLVD.
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

465 W. FOREST HILL BLVD.
WELLINGTON, FL 33414 US

New Mailing Address:

.
WELLINGTON, FL 33414 US

FEI Number: 65-0564233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COHEN, LAURIE
14050 ASTER AVE
WELLINGTON, FL 33414 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: T ( ) Delete
Name: BLODGETT, WIN
Address: 12905 MILFORD CT.
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: THOMAS, STEVEN W
Address: 14445 HORSESHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: DS ( ) Delete
Name: ELMORE, JENNIFER B
Address: 12324 GINGERWOOD LANE
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: DURR, RICHARD
Address: 1978 WHITE CORAL WAY
City-St-Zip: WELLINGTON, FL 33414

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: STEVEN THOMAS D 03/05/2009

Electronic Signature of Signing Officer or Director — Date