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**Jan 27 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002278 (8)

1. Corporation Name
ST. JOHN'S ACADEMY PRIVATE SCHOOL, INC.



Principal Place of Business Mailing Address
**POST OFFICE BOX 1098
PONTE VEDRA BEACH FL 32082** **POST OFFICE BOX 1098
PONTE VEDRA BEACH FL 32004-1098**

3. Date Incorporated or Qualified: **05/09/1995** 3a. Date of Last Report: **02/05/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3317703	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**ANTHONY, MALCOLM P.A.
FOUR SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME HOWLAND, RONALD JR.		1.2 NAME Howland, Ronald Jr.	
STREET ADDRESS 101 SEVEN IRON COURT		1.3 STREET ADDRESS 101 Seven Iron Court	
CITY-ST-ZIP PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME BROOKS, WAYNE R		2.2 NAME Brooks, Wayne R.	
STREET ADDRESS 8015 PEBBLE CREEK LANE, EAST		2.3 STREET ADDRESS 8015 Pebble Creek Ln E.	
CITY-ST-ZIP PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBANEZE, DAVID		3.2 NAME Anthony, Malcolm	
STREET ADDRESS 8004 WHISPER LAKE LANE		3.3 STREET ADDRESS 36 Loggerhead Ln.	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SUMMERALL, JAY P		4.2 NAME Albanese, Jeanne J.	
STREET ADDRESS 7590 FOUNDERS COURT		4.3 STREET ADDRESS 8004 Whisper Lake Ln E.	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082		4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANTHONY, MALCOLM		5.2 NAME Haft, William F. Jr	
STREET ADDRESS 38 LOGGERHEAD LANE		5.3 STREET ADDRESS 54 Jackson Avenue	
CITY-ST-ZIP PONTE VEDRA BEACH FL		5.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Nicholas, James R.	
STREET ADDRESS		6.3 STREET ADDRESS 576 Valley Forge Rd. N.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Neptune Beach, FL 32266	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanne J. Albanese 1/16/97 904-273-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000000