


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000002278 (8)**  
 1. Corporation Name  
**ST. JOHN'S ACADEMY PRIVATE SCHOOL, INC.**



Principal Place of Business <b>POST OFFICE BOX 1096 PONTE VEDRA BEACH FL 32082</b>	Mailing Address <b>POST OFFICE BOX 1096 PONTE VEDRA BEACH FL 32082</b>
---	---

3. Date Incorporated or Qualified <b>05/09/1995</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-3317703</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**8. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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**

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOWLAND, RONALD JR.	
STREET ADDRESS	101 SEVEN IRON COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROOKS, WAYNE R	
STREET ADDRESS	8015 PEBBLE CREEK LANE, EAST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ALBANEZE, DAVID	
STREET ADDRESS	8004 WHISPER LAKE LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, NICHOLAS R	
STREET ADDRESS	576 VALLEY FORGE RD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANTHONY, MALCOLM	
STREET ADDRESS	36 LOGGERHEAD LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAFT, JR, WILLIAM F	
STREET ADDRESS	54 JACKSON AVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Haft, Jr., William F.	
1.3 STREET ADDRESS	54 Jackson Ave	
1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anthony, Malcolm	
2.3 STREET ADDRESS	36 Loggerhead Lane	
2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Albaneze, Jeanne	
3.3 STREET ADDRESS	8004 Whisper Lake Lane E.	
3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Davenport, Julie	
4.3 STREET ADDRESS	84 Sanchez Drive E.	
4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Malcolm Anthony* 1-12-98 (904) 373-7202

CR2E037 (10/97)