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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002278

1. Corporation Name

ST. JOHN'S ACADEMY PRIVATE SCHOOL, INC.

Principal Place of Business
 POST OFFICE BOX 1098
 PONTE VEDRA BEACH FL 32082

Mailing Address
 POST OFFICE BOX 1098
 PONTE VEDRA BEACH FL 32082



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/09/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-3317703	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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		85 Zip Code	
		FL					

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 *Malcolm Anthony* DATE 3-9-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	F	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVENPORT, JULIE		1.2 NAME	SMITH, DICK	
STREET ADDRESS	84 SANCHEZ DR E.		1.3 STREET ADDRESS	4302 RICHMOND PARK DRIVE EAST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, WAYNE R		2.2 NAME	BROOKS, WAYNE	
STREET ADDRESS	8015 PEBBLE CREEK LANE, EAST		2.3 STREET ADDRESS	13015 PEBBLE CREEK LANE E	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANEZE, JEANNE		3.2 NAME	ALBANEZE, JEANNE	
STREET ADDRESS	8004 WHISPER LAKE LANE E.		3.3 STREET ADDRESS	91632 DEER RUN DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, NICHOLAS R		4.2 NAME	DAVENPORT, JULIE	
STREET ADDRESS	576 VALLEY FORGE RD		4.3 STREET ADDRESS	84 SANCHEZ DRIVE EAST	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		4.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, MALCOLM		5.2 NAME	HAFT, JR, WILLIAM F.	
STREET ADDRESS	36 LOGGERHEAD LANE		5.3 STREET ADDRESS	54 JACKSON AVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		5.4 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	P	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFT, JR, WILLIAM F		6.2 NAME		
STREET ADDRESS	54 JACKSON AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		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, with a letter like empowered.

SIGNATURE: *W. G. S. [Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 (904) 642-5303

CR2E037 (1/198)