

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002278

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: ST. JOHN'S ACADEMY PRIVATE SCHOOL, INC.

Current Principal Place of Business:

POST OFFICE BOX 1098
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1098
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3317703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, MALCOLM P.A.
FOUR SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082 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: S () Delete
Name: DAVENPORT, JULIE
Address: 84 SANCHEZ DR E.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: BROOKS, WAYNE R
Address: 8015 PEBBLE CREEK LANE, EAST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: SMITH, RICHARD
Address: 4302 RICHMOND PARK DR. E.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: JAMES, NICHOLAS R
Address: 576 VALLEY FORGE RD
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP () Delete
Name: ANTHONY, MALCOLM
Address: 36 LOGGERHEAD LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: HAFT, JR, WILLIAM F
Address: 54 JACKSON AVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

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 for the exemption stated in Section 119.07(3)(i), 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: MALCOLM ANTHONY

Electronic Signature of Signing Officer or Director

VP

05/01/2002

_____ Date