

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002278

FILED
Jan 26, 2005
Secretary of State

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

Current Principal Place of Business:

1533 WILDWOOD DR
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1533 WILDWOOD DR
SAINT AUGUSTINE, FL 32086

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: 618 TIMBER POND
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: D () Delete
Name: WILSON, MICHELLE
Address: 107 HERIN'S NEST LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

Title: P () 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: D (X) Change () Addition
Name: TOWNE, JASON
Address: 708 COACHMAN'S PLACE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S, T (X) Change () Addition
Name: WILSON, MICHELLE
Address: 107 HERON'S NEST LN
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: DOMINGOES, WOODY
Address: 504 HOOT OWL COURT
City-St-Zip: ST. AUGUSTINE, FL 32080

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

P

01/26/2005

Electronic Signature of Signing Officer or Director

_____ Date