

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002278

FILED
Jan 16, 2007
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:

ANTHONY, MALCOLM P.A.
FOUR SAWGRASS VILLAGE
SUITE 230B
PONTE VEDRA BEACH, FL 32082 US

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:

01/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Delete
Name: COUSART, KEVIN
Address: 108 SPANISH OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: P (X) Change () Addition
Name: ANTHONY, MALCOLM
Address: 313 N. SHIPWRECK AVE.
City-St-Zip: PONTE VEDRA BEACH, FL 32081

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 Chapter 119, 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

01/16/2007

Electronic Signature of Signing Officer or Director

Date