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NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700004361 (8)

FILED Jun 18 1998 8:00am Secretary of State

ALL S	AINTS SCHOOL, INC.						
Principal Plac	e of Business	Mailing Address			- I IBBIIIDI DID IBIII IDDII DDII DRII DR	1810) 88:11 88 111 81 86 4	HAND BARDE AND FROM
5888 BLANDIN JACKSONVILLE		5888 BLANDING BLVD JACKSONVILLE FL 32244			3. Date Incorporated or Qualified 07/31/1997		
					4. FEI Number	T	Applied For
						x	Not Applicable
2. Principal Place of Business 21 NA		26. Mailing Address 26. NA			5. Certificate of Status Desired		75 Additional se Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing		00 May Be	
City & State		City & State			Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	led to Fees
23		28		7. Is this nonprofit corporation a homeowners association? Yes X No			
Zip			Country		This corporation owes or has paid the current year Intangible		
24	25	29 3	0		Personal Property Tax due June		∑ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
			81 N	ame	NI 6		
CURRY, LOIS A 82 Street Ac				reet Addre	NA Address (P.O. Box Number is Not Acceptable)		
5888 BLANDING BLYD					iss (F.O. Box Marrison to Hot Madoplay	,,,,,	
JACKSO	NVILLE FL 32244		83				
			84 Ci	tu	· · · · · · · · · · · · · · · · · · ·	85	Zip Code
			1 1	•		FL	•
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes	, the above-na	med corpo	pration submits this statement for the p	surpose of changi	ng its registered
agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligat	ions of, Section 617.0503, Flori	da Statutes.	corporatio	on's board of directors, Thereby accep	и ше аррошине	it as registered
SIGNATURE	NA						
40	Signature, typiod or printed name of registered agent		Registered Agent sig	nature requited		DATE	
12. TITLE	OFFICERS AND	DELETE	13.	٠ . ا	ADDITIONS/CHANGES TO OFFIC		
NAME		☐ OCCUPE	1.1 TITLE		iministrator -	" ∐ Cha	nge 🗓 Addition
			1.2 NAME		lice H. Wilbur		
STREET ADDRESS			1.3 STREET ADDR		37 Ponte Vedra Blvd		
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Pc	nte Vedra Beach, FL	32004 Cha	ngo az Addition
NAME	L. Detter		2.1 HILE 2.2 NAME		. Incipat	" LI Cila	nge 🔀 Addition
STREET ADDRESS I					mela A. Bentley		
CITY-ST-ZIP			2.3 STREET ADOR	70	055 Magnolia Rd	_	ŀ
TITLE		[] DELETE	2. 4 CITY-ST-ZIF 3.1 TITLE	- 1	ange Park, FL 32065	y □ Chai	nge X Addition
NAME			3.2 NAME	Me Me	egistrar " / / ryam L. Nelson	у опа	igo & Naniton
STREET ADDRESS			3.3 STREET ADDR		886 - 110th St		
CITY-ST-ZIP			34. CITY-ST-ZIF		cksonville, FL 3224		
TITLE		☐ DELETE	4.1 TITLE		ickbonville, PL 3224	☐ Chai	nge Addition
NAME		_	4. 2 NAME				
STREET ADDRESS		:	4.3 STREET ADDR	ESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			☐ Chai	nge Addition
NAME			5.2 NAME			_	
STREET ADDRESS			5.3 STREET ADDR	ESS			l
CITY-ST-ZIP			5.4 CITY - ST - ZIP				l
TITLE		DELETÉ	6.1 TITLE			☐ Char	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDR	ESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1			

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.

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