

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90106 023 ****61.25

DOCUMENT # **N97000004361**

1. Corporation Name

ALL SAINTS SCHOOL, INC.

Principal Place of Business

5888 BLANDING BLVD
JACKSONVILLE FL 32244

Mailing Address

5888 BLANDING BLVD
JACKSONVILLE FL 32244



2. Principal Place of Business

2a. Mailing Address

26

3. Date Incorporated or Qualified

07/31/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

25

Zip

Country

29

30

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURRY, LOIS A
5888 BLANDING BLVD
JACKSONVILLE FL 32244

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

AD
WILBUR, ALICE H
837 PONTE VEDRA BLVD
PONTE VEDRA BCH FL 32004

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

BENTLEY, PAMELA A
3055 MAGNOLIA RD
ORANGE PARK FL 32065

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

RD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NELSON, MARYAM L
5886 110TH ST
JACKSONVILLE FL 32244

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

☐ ADDRESS
ST ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

☐ ADDRESS
ST ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

☐ ADDRESS
ST ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Alice Wilbur* SIGNATURE REQUIRED ADMINISTRATOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALICE WILBUR

1/8/98 (904) 772-1220

Date

Daytime Phone #

CR2E037 (1/98)