

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004361

Entity Name: ALL SAINTS SCHOOL, INC.

FILED  
Apr 15, 2004  
Secretary of State

## Current Principal Place of Business:

5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

## Current Mailing Address:

5888 BLANDING BLVD  
JACKSONVILLE, FL 32244

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CURRY, LOIS A  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

ALLI, LOIS A  
5888 BLANDING BLVD  
JACKSONVILLE, FL 32244 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: LOIS ALLI

04/15/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: O' DONNELL, CONNIE  
Address: 421 BUCKEYE LANE EAST  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: HURSTON, LAVERNE  
Address: 469 CRABAPPLE COURT, #A  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: NEWSOME, JUANITA  
Address: 7255 LUKE STREET  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: COATS, DAPHNE D  
Address: 1238 MONTICELLO DRIVE, APT#B  
City-St-Zip: ORANGE PARK, FL 32065

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: CONNIE O'DONNELL

D

04/15/2004

Electronic Signature of Signing Officer or Director

Date