

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004361

FILED
Apr 30, 2008
Secretary of State

Entity Name: ALL SAINTS SCHOOL, INC.

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 (X)

Name and Address of Current Registered Agent:

ALLI, LOIS A
5888 BLANDING BLVD
JACKSONVILLE, FL 32244 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: D () Delete
Name: O' DONNELL, CONNIE M
Address: 421 BUCKEYE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: DONOVAN, KAREN
Address: 1314 RIVER ROAD
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: () 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 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: CONNIE M. O' DONNELL

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date