

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004361

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** ALL SAINTS SCHOOL, INC.

**Current Principal Place of Business:**

5888 BLANDING BLVD  
JACKSONVILLE, FL 322441927

**New Principal Place of Business:**

5888 BLANDING BLVD  
JACKSONVILLE, FL 322441927 US

**Current Mailing Address:**

5888 BLANDING BLVD  
JACKSONVILLE, FL 322441927

**New Mailing Address:**

5888 BLANDING BLVD  
JACKSONVILLE, FL 322441927 US

**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 322441927 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  
Name: O' DONNELL, CONNIE M  
Address: 421 BUCKEYE LANE EAST  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: D  
Name: DONOVAN, KAREN  
Address: 1314 RIVER ROAD  
City-St-Zip: ORANGE PARK, FL 32073 US

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

I hereby 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 all other like empowered.

SIGNATURE: CONNIE M O'DONNELL

D

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date