

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N97000005816 (0)

1. Corporation Name

ST. MARY'S CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

101 HOMEWOOD BOULEVARD
DELRAY BEACH FL 33445

101 HOMEWOOD BOULEVARD
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

65-0790918

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NOWLIN, JAMES W JR
50 SOUTHEAST 4TH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name Rev. Dr. Joseph F. Landry
82 Street Address (P.O. Box Number is Not Acceptable)
2565 30th Ocean Blvd. N-106
83 Delray Bch.
84 City FL 85 Zip Code 33487

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | | | |
|----------------|----------------------------|------|--------------------|---------------------------------|
| TITLE | PD | NAME | LANGLEY, BRENT | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 2084 NEEDHAM COURT | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | | |
| TITLE | VD | NAME | BIEGLER, GEORGE | <input type="checkbox"/> DELETE |
| STREET ADDRESS | POST OFFICE BOX 1335 | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33447 | | | |
| TITLE | SD | NAME | MORITZ, LYNDA J | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 6425 MONTEREY PINE LAND | | | |
| CITY-ST-ZIP | LANTANA FL 33462 | | | |
| TITLE | TD | NAME | WELLS, JAMES R | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 3837 QUAIL RIDGE DRIVE | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | | | |
| TITLE | D | NAME | BRANDT, EDISON R | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 2395 SOUTH OCEAN BOULEVARD | | | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | | | |
| TITLE | D | NAME | NOWLIN, JAMES W JR | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 3880 LONE PINE ROAD | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (5/98)