2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005816 1. Entity Name ST. MARY'S CHRISTIAN ACADEMY, INC.

Principal Place of Business 101 HOMEWOOD BOULEVARD DELRAY BEACH FL 33445

Mailing Address

101 HOMEWOOD BOULEVARD DELRAY BEACH FL 33445-4415

FILED Jun 05, 2000 8:00 am Secretary of State

06-05-2000 90709 034 ****61.25

						 {		81161 (818) (11		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	I THIS SF	ACE			
City & State		City & State			4. FEI Number	65-0790918			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
Landry			Ctroot	Street Address (P.O. Bay Number is Not Assessable)						
KENDRX, JOSEPH F.				Street Address (P.O. Box Number is Not Acceptable)						
2565 S O	CEAN BLVD									
SUITE N-1										
DELRAY BEACH FL 33483			City	City FL Zip Co			Zip Code	1		
8. 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										
Organziare, typeo or primed name or registered agent and tree in applicable (MOTE, neglistered Agent signature required when remissaving).										
	FILE NOW:	, ,			O May Be			ayable to		
	FEE IS \$61.25	Trust Fund Contribution.		Added	to Fees	Depar	tment o	of State		
10.	OFFICERS AND DIRI	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE	PD :	X Delete	TITLE				[Change	Addition	
NAME	BEEN, MARIE		NAME							
STREET ADDRESS	15 N. W. 24TH ST.		STREET ADDRESS						Ì	
CITY-ST-ZIP	DELRAY BEACH FL 33444		CITY-ST-ZIP							
TITLE	VD	X Delete	TITLE	DIRE	CTOR		í	Сһалде		
NAME	KNIGHT, TAM		NAME		ER, Ann					
STREET ADDRESS	3001 LINTON AVE. 201C		STREET ADDRESS		08 Foxpoint Circle					
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	Delr	Delray Beach, FL 33445					
TITLE	SD	• Delete	TITLE	-			، سيب	Change	☐ Addition-	
NAME	MORITZ, ŁYNDA J		NAME	MOD	TTT TINDA	\ T				
STREET ADDRESS	6425 MONTEREY PINE LAND		STREET ADDRESS	HOK	ITZ, LINDA	A J.				
CITY-ST-ZIP	LANTANA FL 33462		CITY-ST-ZIP							
TITLE	TD	▼ Delete	TITLE	TREA	ASURER			Change	Addition	
NAME	REDMOND, SARAH	TT DOICE	NAME		EN, Kristi	no	•		-11	
STREET ADDRESS	6010 CITRINE CT.		STREET ADDRESS						ľ	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	Royr	2002 N.W. 21st Terrace Boynton Beach, FL 33436					
	D	Delete	TITLE	1 207.		, 12 33430	ſ	Change	Addition	
TITLE	_	LT Delete	NAME				L	Onange		
NAME STREET ADDRESS	WILSON, BILL		STREET ADDRESS						Ì	
CITY-ST-ZIP	BLDG. 1 #416, 2649 F. BLVD		CITY-ST-ZIP							
	HIGHLAND BEACH FL 33483	<u>·</u>		DIR	ECTOD		,		TTR ANDRES	
TITLE	D	⊠ Delete	TITLE		ECTOR		t	☐ Change	Addition	
NAME	LANGLEY, BRENT		NAME		., Ernest					
STREET ADDRESS	2964 NEEDHAM CT.		STREET ADDRESS	4900) B Lighth	ouse Circle				
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP	Cocc	onut Creek	, FL 33063_				

12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: