

2001 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 16, 2001 8:00 am
Secretary of State

07-24-2001 90004 033 ****61.25

DOCUMENT # N97000005816

1. Entity Name

ST. MARY'S CHRISTIAN ACADEMY, INC.

(LA)

Principal Place of Business

**101 HOMEWOOD BOULEVARD
 DELRAY BEACH FL 33445**

Mailing Address

**101 HOMEWOOD BOULEVARD
 DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0790918**

Applied For

Not 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

**LENDRY, JOSEPH
 2565 S OCEAN BLVD
 SUITE N-108
 DELRAY BEACH FL 33483**

Name **COWERN JOHN ROBERT**
 Street Address (P.O. Box Number is Not Acceptable)
422 NE 15TH AVENUE
 City **BOYNTON BEACH FL** Zip Code **33435**

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

John Robert Cowern

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

16 JULY 2001

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
 NAME **MORITZ, LINDA J.**
 STREET ADDRESS **6425 MONTEREY PINE LAND LANE**
 CITY-ST-ZIP **LANTANA FL 33482**

TITLE **D** ☒ Delete
 NAME **WILSON, BILL**
 STREET ADDRESS **BLDG. 1 #418, 2649 F. BLVD**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33483**

TITLE **D** ☒ Delete
 NAME **NEAL, ERNEST**
 STREET ADDRESS **4900 B LIGHTHOUSE CIRCLE**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☒ Addition
 NAME **MARGARET A WOEFLE**
 STREET ADDRESS **830 GREENSWARD Ct H203**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☒ Change ☒ Addition
 NAME **Eileen Sneiderman**
 STREET ADDRESS **6636 Bali Hai Dr.**
 CITY-ST-ZIP **Boynton Bch, FL 33437**

TITLE **D** ☐ Change ☐ Addition
 NAME **TAM Knight**
 STREET ADDRESS **3001 Linton Blvd. #201C**
 CITY-ST-ZIP **DeLray Bch FL 33445**

TITLE **D** ☐ Change ☐ Addition
 NAME **Ginger Nasipak**
 STREET ADDRESS **920 Dogwood Unit 161**
 CITY-ST-ZIP **DeLray Bch, FL 33483**

TITLE **D** ☐ Change ☐ Addition
 NAME **ANN PARKER**
 STREET ADDRESS **908 FOXPOINTE CIR.**
 CITY-ST-ZIP **DELRAY Bch, FL 33445**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

John Robert Cowern

16 JULY 2001 \$61

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda J. Moritz

CR2E037 (5/01)