

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90110 025 \*\*\*\*61.25

**DOCUMENT # N98000006987**



1. Entity Name  
**ST. JAMES EPISCOPAL SCHOOL, INC.**

Principal Place of Business  
**38 S. HALIFAX DR.  
ORMOND BEACH, FL 32176**

Mailing Address  
**38 S. HALIFAX DR.  
ORMOND BEACH, FL 32176**

400561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3550008**

Applied For  
Not Applicable

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

**BAILEY-BROWN, LORIE E  
38 S. HALIFAX DR.  
ORMOND BEACH, FL 32176**

Name **JAMES E BAILEY**

Street Address (P.O. Box Number is Not Acceptable)

**38 S. HALIFAX DR.**

City **ORMOND BEACH**

**FL**

Zip Code  
**32176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**JAMES E BAILEY, CONTROLLER**

*James E Bailey*

**4/19/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRS  
MILTHORPE, KATHY  
81 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MR.  
FERGUSON, JOHN  
PO BOX 2491  
DAYTONA BEACH, FL 32115** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRS.  
YUSCHOK, CONSTANCE  
162 LAURELWOOD LANE  
ORMOND BEACH, FL 32174** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRS  
VOTAW, PAULA  
1801 W. INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BEACH, FL 32114** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MR  
HOLE, STEPHEN  
76 FOXCROFT RUN  
ORMOND BEACH, FL 32174** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRS  
WOOD, NANCY  
4630 HARBOR VILLAGE BLVD. #1404  
PONCE INLET, FL 32127** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRS.  
CAROL SHABE  
38 S. HALIFAX DR  
ORMOND BEACH, FL 32176** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*James E Bailey*