2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N98000006987

Entity Name: ST. JAMES EPISCOPAL SCHOOL, INC.

Current Principal Place of Business:

38 S. HALIFAX DR.
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

38 S. HALIFAX DR.
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-3550008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMONTMOLLIN, HARRY M
38 S HALIFAX DR
ORMOND BEACH, FL 32176 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:	MR	( ) Delete
Name:	HIGGS, CHRISTOPHER	
Address:	143 DEEP WOODS WAY	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	MR.	( ) Delete
Name:	FERGUSON, JOHN	
Address:	PO BOX 2491	
City-St-Zip:	DAYTONA BEACH, FL 32115	
Title:	MR.	( ) Delete
Name:	PAPPAS, GEORGE	
Address:	39 NEPTUNE AVENUE	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	DR	( ) Delete
Name:	PARK-JADOTTE, JENNIFER	
Address:	38 S. HALIFAX DR	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	MR	( ) Delete
Name:	HOLE, STEPHEN	
Address:	76 FOXCROFT RUN	
City-St-Zip:	ORMOND BEACH,, FL 32174	
Title:	MR.	(X) Delete
Name:	MORRIS, STEPHEN B	
Address:	44 S HALIFAX DR	
City-St-Zip:	ORMOND BEACH, FL 32176	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MS.	(X) Change ( ) Addition
Name:	SHAMLOU, KRISTIN	
Address:	1507 OAK FOREST DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARRY M. DEMONTMOLLIN HEAD 01/21/2009

Electronic Signature of Signing Officer or Director — Date