2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003264

1. Entity Name

ST. THOMAS AQUINAS ACADEMY, INC.

Principal Place of Business	Mailing Address
5960 CENTRAL AVE., STE. B ST. PETERSBURG FL 33707	5960 CENTRAL AVE., STE. B ST. PETERSBURG FL 33707

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3726183 ☐ Applied For ☐ Not Applic

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
O'LEARY, DONALD M 5960 CENTRAL AVE., STE. B ST. PETERSBURG FL 33707	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 acce the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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	D LANCASTER, PATRICIA C 11598 IRVING ST. SEMINOLE FL 33772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 000000472569 03/29/06-80041-025 61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, LISA R 4726 5TH AVE. N. ST. PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'LEARY, MARY D 6252 43RD AVE N SAINT PETERSBURG FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directo 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 1 if changed, or on an attachment with an address, with all other like empowered.

727-399-234