

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003264

1. Entity Name  
ST. THOMAS AQUINAS ACADEMY, INC.



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

Mailing Address  
5960 CENTRAL AVE., STE. B  
ST. PETERSBURG, FL 33707

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3726183

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

O'LEARY, DONALD M  
5960 CENTRAL AVE., STE. B  
ST. PETERSBURG, FL 33707

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IN THIS SPACE**

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

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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000955736

07/22/08-80003-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LANCASTER, PATRICIA C
STREET ADDRESS	11598 IRVING ST.
CITY- ST- ZIP	SEMINOLE, FL 33772
TITLE	D
NAME	SHARP, LISA R
STREET ADDRESS	4726 5TH AVE. N.
CITY- ST- ZIP	ST. PETERSBURG, FL 33713
TITLE	D
NAME	O'LEARY, MARY D
STREET ADDRESS	6252 43RD AVE N
CITY- ST- ZIP	SAINT PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:**

*Patricia C Lancaster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08 (727) 399-2342  
Date Daytime Phone #