

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N99000003993

1. Entity Name
ST. JOHNS COUNTRY DAY SCHOOL FOUNDATION, INC.



Principal Place of Business
**3100 DOCTORS LAKE DR.
ORANGE PARK, FL 32073**

Mailing Address
**3100 DOCTORS LAKE DR.
ORANGE PARK, FL 32073**



04272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3590413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, GREGORY L
3100 DOCTORS LAKE DR
DAY, FL 32013**

**DO NOT WRITE
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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000760530
05/25/07-80014-018 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, NANCY
1102 WUMDEGATE DR.
ORANGE PARK, FL 32073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NICHOLS, JOHN
1747 EAGLE WATCH DR
ORANGE PARK, FL 32003**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOFFMAN, JAMES R
2600 BELLESHORE COURT
ORANGE PARK, FL 32065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FREEMAN, PATRICIA
13459 OWL HOLLOW CT.
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MYERS, WILLIAM
138 PASSAGE DRIVE
ORANGE PARK, FL 32003**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSSEY, STEPHEN F
768 WESTMINSTER DR.
ORANGE PARK, FL 32073**

**DO NOT WRITE
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:

Nancy D. Brown **Nancy D. Brown** 5/1/07 904 264 9572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #