

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003993

FILED
Jun 29, 2009
Secretary of State

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

Current Principal Place of Business:

3100 DOCTORS LAKE DR.
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

3100 DOCTORS LAKE DR.
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3590413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOSTER, GREGORY L
3100 DOCTORS LAKE DR
DAY, FL 32013 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: D () Delete
Name: BROWN, NANCY
Address: 1102 WUMDEGATE DR
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: COWIE, ROBERT
Address: 2586 ADMIRALS WALK DR S
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: HOFFMAN, JAMES R
Address: 2600 BELLESHORE COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: FREEMAN, PATRICIA
Address: 13459 OWL HOLLOW CT.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: MYERS, WILLIAM
Address: 138 PASSAGE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: RUSSEY, STEPHEN F
Address: 768 WESTMINSTER DR.
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, NANCY
Address: 1102 WYNDEGATE DR
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
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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: ROBERT R. COWIE

D

06/29/2009

Electronic Signature of Signing Officer or Director

_____ Date