2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2019
Secretary of State
9332471447CC

DOCUMENT# 723169

Entity Name: GRACE EPISCOPAL DAY SCHOOL, INC.

Current Principal Place of Business:

156 KINGSLEY AVE
ORANGE PARK, FL 32073

Current Mailing Address:

156 KINGSLEY AVE
ORANGE PARK, FL 32073

FEI Number: 59-1152229

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BAST, ANGELA G
156 KINGSLEY AVE
ORANGE PARK, FL 32073 US

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: ANGELA G BAST 02/07/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	MD
Name	BAST, ANGELA G MRS.
Address	4337 DEMEDICI AVENUE
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	GRAVES, JODI MRS.
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	DIRECTOR
Name	FIEBER, DAVID MR.
Address	2150 PARK AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	TREASURER
Name	NUNES, DAVID MR.
Address	1 RAYONIER WAY
City-State-Zip:	YULEE FL 32097

Title	DIRECTOR
Name	PELLETIER, MAUREEN MS.
Address	BBVA COMPASS 1500 COUNTY ROAD 220
City-State-Zip:	FLEMING ISLAND FL 32003

Title	CHAIRMAN
Name	DEWEY, JACQUE MRS.
Address	1936 SUMMIT RIDGE ROAD
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	CROFTON, LAURIE MRS.
Address	4274 VENETIA BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	HEPBURN, ANDREA MS.
Address	6500 LAKE GRAY BLVD #905
City-State-Zip:	JACKSONVILLE FL 32244

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I hereby 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 all other like empowered.

SIGNATURE: ANGELA G BAST MD 02/07/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LANG, FRAN MRS.
Address	477 CREIGHTON ROAD
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	REMOLDE, MICHELE MRS.
Address	1411 WILKES POINT ROAD
City-State-Zip:	GREEN COVE SPRINGS FL 32043