

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751824

Entity Name: ST. MARY'S EPISCOPAL DAY SCHOOL, INC.**Current Principal Place of Business:**2101 S. HUBERT AVE.
TAMPA, FL 33629**Current Mailing Address:**2101 S. HUBERT AVE.
TAMPA, FL 33629 US**FEI Number: 59-1985294****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PRUIETT, SUZAN HMRS
2101 SOUTH HUBERT
TAMPA, FL 33629 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	POLITZ, LAURA DR.
Address	1506 S. ALBANY AVE
City-State-Zip:	TAMPA FL 33606

Title	T
Name	CASSIDY, WILL MR.
Address	2507 W. PROSPECT RD.
City-State-Zip:	TAMPA FL 33629

Title	T
Name	SMITH, MOLLY MRS
Address	2442 W PROSPECT RD
City-State-Zip:	TAMPA FL 33629

Title	TRUSTEE
Name	NICHOLS, STEVE MR.
Address	5115 W. POE AVE.
City-State-Zip:	TAMPA FL 33629

Title	TRUSTEE
Name	MULFINGER, CHARLES MR.
Address	3416 S. ALMERIA AVE.
City-State-Zip:	TAMPA FL 33629

Title	TRUSTEE
Name	GOODWIN, NATALIE MRS.
Address	3306 W. LYKES AVE.
City-State-Zip:	TAMPA FL 33609

Title	BUSINESS MANAGER
Name	PRUIETT, SUZAN MRS
Address	5020 BAYSHORE BLVD, #201
City-State-Zip:	TAMPA FL 33611

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: SUZAN PRUIETT**BUSINESS MANAGER****04/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date