#### 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: STEFANIE M RAINES

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N0100004869

Entity Name: OUR LADY OF THE ROSARY ACADEMY, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

12226 GLENN HOLLOW DRIVE JACKSONVILLE, FL 32226

#### **Current Mailing Address:**

P.O. BOX 351866 JACKSONVILLE, FL 32235

### FEI Number: 59-3735928

## Name and Address of Current Registered Agent:

RAINES, TIMOTHY P 12226 GLENN HOLLOW DRIVE JACKSONVILLE, FL 32226 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

### **Officer/Director Detail :**

| Title           | TD                    | Title           | VPD                      |
|-----------------|-----------------------|-----------------|--------------------------|
| Name            | RAINES, TIMOTHY P     | Name            | RAINES, STEFANIE M       |
| Address         | P.O.BOX 350194        | Address         | 12226 GLENN HOLLOW DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32235 | City-State-Zip: | JACKSONVILLE FL 32226    |

PRESIDENT

Certificate of Status Desired: No

Date

## FILED May 03, 2016 Secretary of State CC1230902149

Date

05/03/2016