

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001202

**Entity Name:** ST. ALBAN'S EPISCOPAL DAY SCHOOL, INC.

**Current Principal Place of Business:**

8410 BOCA CIEGA DRIVE  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

330 85TH AVENUE  
ST. PETE BEACH, FL 33706

**FEI Number: 16-1688459**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CONNER, GEORGENE D THE REV.  
2926 57TH ST. S.  
GULFPORT, FL 33707 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: THE REV. GEORGENE D CONNER**

**04/28/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OTHER, BOARD MEMBER  
Name MACCONNELL, JOANNE  
Address 1206 ROBIN ROAD S  
City-State-Zip: ST. PETERSBURG FL 33707

Title TD  
Name GORDON, BETH  
Address 6918 10TH AVE. N,  
City-State-Zip: ST. PETERSBURG FL 33710

Title OTHER, JUNIOR WARDEN  
Name CHARLES, GALLAGHER  
Address 6312 DARTMOUTH AVE N  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIR  
Name GREGORY, ELIZABETH  
Address 55555 25 AVE. N.  
City-State-Zip: ST. PETERSBURG FL 33710

Title OTHER, SENIOR WARDEN  
Name MCKENZIE, ERNIE  
Address 12000 7TH ST. E.  
City-State-Zip: TREASURE ISLAND FL 33706

*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: BETH GORDON**

**TD**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date