

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005834

**FILED
Apr 30, 2015
Secretary of State
CC4383751466**

Entity Name: ST. THOMAS FAMILY LIFE VPK CENTER, INC.

Current Principal Place of Business:

2119 ROWE AVENUE
JACKSONVILLE, FL 32208

Current Mailing Address:

2119 ROWE AVENUE
JACKSONVILLE, FL 32208

FEI Number: 46-2990802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURRAY, ERNIE L SR.
2119 ROWE AVENUE
JACKSONVILLE, FL 32208 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 P
Name MURRAY, ERNIE L SR.
Address 2119 ROWE AVENUE
City-State-Zip: JACKSONVILLE FL 32208

Title VP
Name WARD, MARVIN
Address 9231 SPOTTSWOOD ROAD
City-State-Zip: JACKSONVILLE FL 32208

Title S
Name STARKES, ANETA M
Address 4104 SANTEE ROAD
City-State-Zip: JACKSONVILLE FL 32209

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: ANETA M STARKES

SECRETARY

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date