#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002278

Entity Name: ST. JOHN'S ACADEMY PRIVATE SCHOOL, INC.

FILED
Jan 17, 2018
Secretary of State
CC0398521731

# **Current Principal Place of Business:**

1533 WILDWOOD DR

SAINT AUGUSTINE. FL 32086

### **Current Mailing Address:**

1533 WILDWOOD DR

SAINT AUGUSTINE. FL 32086

FEI Number: 59-3317703 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ANTHONY, MALCOLM P.A. 814 HWY A1A NORTH SUITE 105

PONTE VEDRA BEACH, FL 32082 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 PRESIDENT Title VP

Name MITCHELL, JAMES Name MERCER, MATT

Address 210 SIERRAS LOOP Address 653 W JOHNS CREEK PKWY
City-State-Zip: ST. AUGUSTINE FL 32086 City-State-Zip: ST. AUGUSTINE FL 32092

TitleSECRETARYTitleTREASURERNameTOWNE, JASONNameROT, MIRANDAAddress708 COACHMAN'S PLACEAddress328 AMELIA COURT

City-State-Zip: ST. AUGUSTINE FL 32086 City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR Title **DIRECTOR** SMITH, STACEY Name Name PILCHER, JEANNE Address 8515 C.R. 13 SOUTH Address 9890 PRESTON TRAIL W City-State-Zip: HASTINGS FL 32145 City-State-Zip: PONTE VEDRA BEACH FL 32082

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: JASON TOWNE

Electronic Signature of Signing Officer/Director Detail

SECRETARY

01/17/2018