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

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1533 WILDWOOD DR SAINT AUGUSTINE, FL 32086

DOCUMENT# N9500002278

Current Mailing Address:

1533 WILDWOOD DR SAINT AUGUSTINE, FL 32086 US

FEI Number: 59-3317703

Name and Address of Current Registered Agent:

ANTHONY, MALCOLM P.A. 814 HWY A1A NORTH SUITE 105 PONTE VEDRA BEACH, FL 32082 US FILED Jan 27, 2023 Secretary of State 0184964393CC

Date

Certificate of Status Desired: No

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 :

Officer/Director Detail :						
Title	PRESIDENT	Title	DIRECTOR			
Name	MITCHELL, JAMES	Name	PILCHER, JEANNE			
Address	210 SIERRAS LOOP	Address	9890 PRESTON TRAIL W			
City-State-Zip:	ST. AUGUSTINE FL 32086	City-State-Zip:	PONTE VEDRA BEACH FL 32082			
Title	TREASURER	Title	CEO			
Name	SMITH, STACEY	Name	BROOKS, WALLIS W.			
Address	8515 C.R. 13 SOUTH	Address	8015 PEBBLE CREEK LN E			
City-State-Zip:	HASTINGS FL 32145	City-State-Zip:	PONTE VEDRA BEACH FL 32082			
Title	VP	Title	SECRETARY			
Title Name	VP HAMILTON, JASON	Title Name	SECRETARY RION, LEIGH			
Name	HAMILTON, JASON	Name	RION, LEIGH 285 RIVER DRIVE			
Name Address	HAMILTON, JASON 413 LEOTTA DRIVE	Name Address	RION, LEIGH 285 RIVER DRIVE			
Name Address City-State-Zip:	HAMILTON, JASON 413 LEOTTA DRIVE ST. AUGUSTINE FL 32086	Name Address City-State-Zip:	RION, LEIGH 285 RIVER DRIVE EAST PALATKA FL 32131			
Name Address City-State-Zip: Title	HAMILTON, JASON 413 LEOTTA DRIVE ST. AUGUSTINE FL 32086 DIRECTOR	Name Address City-State-Zip: Title	RION, LEIGH 285 RIVER DRIVE EAST PALATKA FL 32131 DIRECTOR			
Name Address City-State-Zip: Title Name	HAMILTON, JASON 413 LEOTTA DRIVE ST. AUGUSTINE FL 32086 DIRECTOR BACON, STEVE	Name Address City-State-Zip: Title Name	RION, LEIGH 285 RIVER DRIVE EAST PALATKA FL 32131 DIRECTOR PETTY, JACOB 34 DURANGO DRIVE			

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: WALLIS BROOKS	CEO	01/27/2023

Electronic Signature of Signing Officer/Director Detail