

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002278

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

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.
822 HWY A1A NORTH
SUITE 310
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 SECRETARY
Name COAD, CANDACE
Address 4931 CYPRESS LINKS BLVD.
City-State-Zip: ELKTON FL 32033

Title DIRECTOR
Name BROOKS, WAYNE R
Address 8015 PEBBLE CREEK LANE, EAST
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT
Name MITCHELL, JAMES
Address 515 GENETIAN ROAD
City-State-Zip: ST. AUGUSTINE FL 32086

Title VP
Name LAYLAND, BRAD D
Address 128 SPOONBILL POINT COURT
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name BUTLER, MICHAEL
Address 3120 TROUT CREEK COURT
City-State-Zip: ST. AUGUSTINE FL 32092

Title DIRECTOR
Name HIRKO, ANDREW
Address 907 ALICANTE ROAD
City-State-Zip: ST. AUGUSTINE FL 32086

Title TREASURER
Name SCINE, DOMINIC
Address 1505 LOW TIDE LOOP
City-State-Zip: ST. AUGUSTINE FL 32080

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: WAYNE BROOKS

DIRECTOR

01/11/2016

Electronic Signature of Signing Officer/Director Detail

Date