

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002278

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC8127114902**

**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 DIRECTOR  
Name TOWNE, JASON B  
Address 708 COACHMAN'S PLACE  
City-State-Zip: ST. AUGUSTINE FL 32086

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

Title T  
Name PETERSON, RANDALL D  
Address 1080 DEER CHASE DR.  
City-State-Zip: ST. AUGUSTINE FL 32086

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

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

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

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

Title DIRECTOR  
Name BAKER, MATTHEW  
Address 305 OCEAN FORREST DRIVE  
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

**PRESIDENT**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date