

**2024 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 US

**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  
Name            MITCHELL, JAMES  
Address        210 SIERRAS LOOP  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            DIRECTOR  
Name            PILCHER, JEANNE  
Address        9890 PRESTON TRAIL W  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            TREASURER  
Name            SMITH, STACEY  
Address        8515 C.R. 13 SOUTH  
City-State-Zip: HASTINGS FL 32145

Title            CEO  
Name            BROOKS, WALLIS W.  
Address        8015 PEBBLE CREEK LN E  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            VP  
Name            HAMILTON, JASON  
Address        413 LEOTTA DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            DIRECTOR  
Name            BACON, STEVE  
Address        654 ALEIDA DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            DIRECTOR  
Name            MCCLOGHRY, MATTHEW  
Address        440 TRADE WIND LANE  
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:** WALLIS W BROOKS

CEO

02/06/2024

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

\_\_\_\_\_  
Date