

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746235 (1)

1. Corporation Name

ST. JOSEPH'S SCHOOL FOUNDATION, INC.



Principal Place of Business

Mailing Address

**210 W. LEMON ST.
LAKELAND FL 33801**

**210 W. LEMON ST.
LAKELAND FL 33801**

3. Date Incorporated or Qualified

03/14/1979

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

PO Box 387

4. FEI Number

59-8008800 59-3111660

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

22

27

Lakeland, FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

24

25

Zip

33802

Country

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHERIDAN, THOMAS M.
2205 FAIRMOUNT AVE.
LAKELAND FL 33803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Thomas M. Sheridan**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

2/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'REILLY, FRANK J.	
STREET ADDRESS	620 LAUREL LANE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALTENBURGER, MARK	
STREET ADDRESS	318 MIRAMAR ROAD	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAULFIELD, JOHN P	
STREET ADDRESS	210 W. LEMON ST.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHERIDAN, THOMAS M	
STREET ADDRESS	2205 FAIRMOUNT AVE.	
CITY-ST-ZIP	LAKELAND, FL 0	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TROIANO, D.A.	
STREET ADDRESS	1621 NEWPORT AVE.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENCIONI, RUBY	
STREET ADDRESS	630 LONE PALM DR.	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Lakeland, FL 33813
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Lowry, Cody
2.3 STREET ADDRESS	320 Hillcrest Street
2.4 CITY-ST-ZIP	Lakeland, FL 33801
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Lakeland, FL 33801
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Lakeland, FL 33803
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Lakeland, FL 33803
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Lakeland, FL 33801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas M. Sheridan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/96

Daytime Phone #

CR2E037 (12/95)