

1-23-97 B 7994 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746235 (1)

1. Corporation Name
ST. JOSEPH'S SCHOOL FOUNDATION, INC.



Principal Place of Business 210 W. LEMON ST. LAKELAND FL 33801	Mailing Address POST OFFICE BOX 387 LAKELAND FL 33802 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1979	3a. Date of Last Report 02/07/1996
4. FEI Number 59-3111660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 27 Sulte, Apt. #, etc. 28 City & State 29 Zip Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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** **7/17/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	O'REILLY, FRANK J.
STREET ADDRESS	620 LAUREL LANE
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	LOWRY, CODY
STREET ADDRESS	320 HILLCREST STREET
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Troiano, D.A.
5.3 STREET ADDRESS	1621 Newport Avenue
5.4 CITY-ST-ZIP	Lakeland, FL 33803
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DS Lencioni, Ruby
6.3 STREET ADDRESS	630 Lone Palm Drive
6.4 CITY-ST-ZIP	Lakeland, FL 33801

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.03(5)(f), 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** **REQUIRED**

CR2E037 (4/97)