

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 210 W. LEMON ST, LAKELAND FL 33801
 Mailing Address: POST OFFICE BOX 367 LAKELAND FL 33602 US

3. Date Incorporated or Qualified: 03/14/1979
 4. FEI Number: 59-3111660
 Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.
 22 City & State: 23 LAKELAND FL
 24 Zip: 25 33802 Country: 29 US

5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No (checked)
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No (checked)

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: Margaret Chase Parry
 82 Street Address (P.O. Box Number is Not Acceptable): 210 W. Lemon St.
 83
 84 City: LAKELAND FL 85 Zip Code: 33801

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: Margaret Chase Parry Margaret Chase Parry 7/1/98
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	O'REILLY, FRANK J.	
STREET ADDRESS	620 LAUREL LANE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	D	DELETE
NAME	LOWRY, CODY	
STREET ADDRESS	320 HILLCREST STREET	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	D	DELETE
NAME	CAULFIELD, JOHN P	
STREET ADDRESS	210 W. LEMON ST.	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	DP	DELETE
NAME	SHERIDAN, THOMAS M	
STREET ADDRESS	2205 FAIRMOUNT AVE.	
CITY-ST-ZIP	LAKELAND, FL 0	
TITLE	D	DELETE
NAME	TROIANO, D.A.	
STREET ADDRESS	1621 NEWPORT AVE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	DS	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	D	Change	Addition (checked)
1.2 NAME	Holley, Michael		
1.3 STREET ADDRESS	5536		
1.4 CITY-ST-ZIP	LAKELAND FL 33810		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: John P. Caulfield 7-10-1998 941-6820555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)