

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90229 043 ****70.00

0056590

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746235

1. Corporation Name

ST. JOSEPH'S SCHOOL FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

**P. O. BOX 30
LAKELAND FL 33802
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/14/1979

4. FEI Number

59-3111660

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PARRY, MARGARET CHASE
260 W LEMON ST
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

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

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** ☐ 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

1.2 NAME **HOLLEY, MICHAEL**
1.3 STREET ADDRESS **2814 CHATSWORTH LANE**
1.4 CITY-ST-ZIP **LAKELAND, FL 33813**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **BRAUNE, RAIN**
2.3 STREET ADDRESS **1030 LAKE HOLLINGS WORTH DR**
2.4 CITY-ST-ZIP **LAKELAND, FL 33844**

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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 941/682-0885
Date Daytime Phone #

CR2E037 (11/98)