


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 746235</b> 1. Entity Name ST. JOSEPH'S SCHOOL FOUNDATION, INC.	
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Principal Place of Business 210 W. LEMON ST. LAKELAND, FL 33815	Mailing Address P. O. BOX 30 LAKELAND, FL 33802 US
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07082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3111660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  CAULFIELD, JOHN P REV 210 W LEMON ST LAKELAND, FL 33815	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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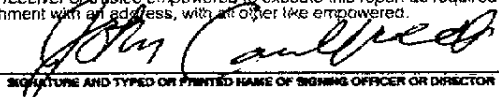
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLLEY, MICHAEL 1025 US HWY 98 S LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, KEVIN 1030 LAKE HOLLINGSWORTH DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAULFIELD, JOHN P 210 W. LEMON ST. LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWRY, CODY 4611 A STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENCIONI, RUBY 630 LONE PALM DR. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000170712  
08/23/04-80008-001 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	08-20-04 (1863)682-0555
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>