

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 10, 2006  
Secretary of State**

DOCUMENT# 746235

Entity Name: ST. JOSEPH'S SCHOOL FOUNDATION, INC.

**Current Principal Place of Business:**

210 W. LEMON ST.  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 30  
LAKELAND, FL 33802 US

**New Mailing Address:**

FEI Number: 59-3111660      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CAULFIELD, JOHN P REV  
210 W LEMON ST  
LAKELAND, FL 33815 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS      ( ) Delete  
Name: HOLLEY, MICHAEL  
Address: 1025 US HWY 98 S  
City-St-Zip: LAKELAND, FL 33801

Title: D      ( ) Delete  
Name: BROWNE, KEVIN  
Address: 1030 LAKE HOLLINGSWORTH DR.  
City-St-Zip: LAKELAND, FL 33803

Title: D      ( ) Delete  
Name: CAULFIELD, JOHN P,  
Address: 210 W. LEMON ST.  
City-St-Zip: LAKELAND, FL 33815

Title: P      ( ) Delete  
Name: LOWRY, CODY  
Address: 4611 A STREET  
City-St-Zip: TAMPA, FL 33609

Title: D      ( ) Delete  
Name: LENCIONI, RUBY,  
Address: 630 LONE PALM DR.  
City-St-Zip: LAKELAND, FL

Title: D      ( ) Delete  
Name: MCHUGH, GERARD,  
Address: 102 E. BELVEDERE STREET  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. CAUFIELD

D

07/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date