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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N38638 (5) 1. Corporation Name ST. JOSEPH EDUCATION ENDOWMENT FUND, INC.



Principal Place of Business ST. JOSEPH CHURCH 532 AVE. M., N.W. WINTER HAVEN FL 33881 Mailing Address ST. JOSEPH CHURCH 532 AVE. M., N.W. WINTER HAVEN FL 33881

3. Date Incorporated or Qualified 06/14/1990 4. FEI Number 59-3069831 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? 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

2. Principal Place of Business 2a. Mailing Address 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 22. City & State 27. City & State 23. Zip 25. Country 28. Zip 29. Country 24. 30.

9. Name and Address of Current Registered Agent SPANJERS, CRAIG M. 60-2ND ST., S.E. WINTER HAVEN FL 33882-0860

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: CRAIG M. SPANJERS - March 7, 1998 DATE

12. OFFICERS AND DIRECTORS PD BLUETT, ANTHONY 532 AVE M, NW WINTER HAVEN FL VD FULTON, RUSSELL H. 333 LAKE HOWARD DR., NW WINTER HAVEN FL TD NEAL, DAVID 1050 LAKE HAMILTON DR.,W WINTER HAVEN FL D MURRELL, PATRICIA POST OFFICE BOX 832 MOUNTAIN LAKES ESTATES LAKE WALES FL D PILISAN, MARY KATHERINE 538 AVE. M., N.W. WINTER HAVEN FL D MLODZIKOWSKI, JEAN RENE 538 AVE. M., N.W. WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP D Angela Coombs 535 AVE M N W Winter Haven FL

14. 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 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: RUSSELL H. FULTON - March 7, 1998 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056587

CR2E037 (10/97)