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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N38638

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/14/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3069831

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPANJERS, CRAIG M. 60-2ND ST., S.E. WINTER HAVEN FL 33882-0860

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [ ] DELETE  
NAME BLUETT, ANTHONY  
STREET ADDRESS 532 AVE M, NW  
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD [X] DELETE  
NAME FULTON, RUSSELL H.  
STREET ADDRESS 333 LAKE HOWARD DR., NW  
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE [ ] Change [X] Addition  
2.2 NAME SD Peter Verrill  
2.3 STREET ADDRESS 305 Hamilton Shore DR  
2.4 CITY-ST-ZIP WINTER HAVEN, FL

TITLE TD [ ] DELETE  
NAME NEAL, DAVID  
STREET ADDRESS 1050 LAKE HAMILTON DR., W  
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE [X] Change [ ] Addition  
3.2 NAME D FULTON, RUSSELL H.  
3.3 STREET ADDRESS 333 LK. HOWARD D. NW  
3.4 CITY-ST-ZIP WINTER HAVEN, FL

TITLE D [ ] DELETE  
NAME MURRELL, PATRICIA  
STREET ADDRESS POST OFFICE BOX 832 MOUNTAIN LAKES ESTATES  
CITY-ST-ZIP LAKE WALES FL

4.1 TITLE [X] Change [X] Addition  
4.2 NAME DV FERENCE, ROBERT  
4.3 STREET ADDRESS 315 HAMILTON SHR DRIVE  
4.4 CITY-ST-ZIP WINTER HAVEN, FL

TITLE D [X] DELETE  
NAME PILISAN, MARY KATHERINE  
STREET ADDRESS 538 AVE. M., N.W.  
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE [ ] Change [X] Addition  
5.2 NAME D WALDMAN, JOHN  
5.3 STREET ADDRESS 810 HILLSIDE COURT NORTH  
5.4 CITY-ST-ZIP WINTER HAVEN, FL

TITLE D [ ] DELETE  
NAME COOMBS, ANGELA  
STREET ADDRESS 535 AVE M NW  
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE [ ] Change [X] Addition  
6.2 NAME D BECKY ROACH  
6.3 STREET ADDRESS 280 E. HOFFMAN ST.  
6.4 CITY-ST-ZIP LK. MERED, FL 33850

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 REQUIRED

April 27, 1999 941-294-3144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)