

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90696 040 \*\*\*\*61.25

**DOCUMENT # N38638**  
 1. Entity 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**

**04030410**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-3069831**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLUETT, ANTHONY	
STREET ADDRESS	532 AVE M, NW	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERENCE, ROBERT	
STREET ADDRESS	532 AVE. NW	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEAL, DAVID	
STREET ADDRESS	1050 LAKE HAMILTON DR.,W	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRELL, PATRICIA	
STREET ADDRESS	POST OFFICE BOX 832 MOUNTAIN LAKES ESTATES	
CITY-ST-ZIP	LAKE WALES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDMAN, JOHN	
STREET ADDRESS	810 HILLSIDE COURT NORTH	
CITY-ST-ZIP	WINTER HAVEN, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOMBS, ANGELA	
STREET ADDRESS	535 AVE M NW	
CITY-ST-ZIP	WINTER HAVEN, FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM J. NEUMANN	
STREET ADDRESS	532 AVENUE M NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

**SIGNATURE:** Robert Coombs Date 4/27/04 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR