

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38638

FILED
Apr 23, 2009
Secretary of State

Entity Name: ST. JOSEPH EDUCATION ENDOWMENT FUND, INC.

Current Principal Place of Business:

ST. JOSEPH CHURCH
532 AVE. M., N.W.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

ST. JOSEPH CHURCH
532 AVE. M., N.W.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3069931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPANJERS, CRAIG M.
60-2ND ST., S.E.
WINTER HAVEN, FL 338820860 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: PD () Delete
Name: PUNTAL, PEDRO JR
Address: 532 AVE M, NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD () Delete
Name: FERENGE, ROBERT
Address: 532 AVE NW
City-St-Zip: WINTER HAVEN, FL

Title: TD () Delete
Name: NEAL, DAVID
Address: 1050 LAKE HAMILTON DR.,W
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: MURRELL, PATRICIA
Address: POST OFFICE BOX 832 MOUNTAIN LAKES ESTATES
City-St-Zip: LAKE WALES, FL

Title: S () Delete
Name: VERRILL, PETER
Address: 532 AVE NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: SCWOPE, DEBORAH
Address: 535 AVE M NW
City-St-Zip: WINTER HAVEN, FL 33881

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
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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 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: PEDRO PUNTAL JR

PD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date