

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 13 PM 12:27

SAC, DIV. 1 OF STATE
TALLAHASSEE, FLORIDA

300009023923
11/15/02--01052--026 **175.00



REINSTATEMENT 2002
DO NOT WRITE IN THIS SPACE

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**

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

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

City & State

4. FEI Number: **59-3069831** Applied For: Not Applicable:

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]* DATE: **12-4-2002**

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

After September 13, 2002, min. will be \$236.25.

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BLUETT, ANTHONY STREET ADDRESS: 532 AVE M, NW CITY-ST-ZIP: WINTER HAVEN FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300009023923 12/10/02--01074--001 **81.25
TITLE: VD NAME: FERENCE, ROBERT STREET ADDRESS: 532 AVE. NW CITY-ST-ZIP: WINTER HAVEN FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: NEAL, DAVID STREET ADDRESS: 1050 LAKE HAMILTON DR. W CITY-ST-ZIP: WINTER HAVEN FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MURRELL, PATRICIA STREET ADDRESS: POST OFFICE BOX 832 MOUNTAIN LAKES ESTATES CITY-ST-ZIP: LAKE WALES FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WALDMAN, JOHN STREET ADDRESS: 810 HILLSIDE COURT NORTH CITY-ST-ZIP: WINTER HAVEN FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COOMBS, ANGELA STREET ADDRESS: 535 AVE M NW CITY-ST-ZIP: WINTER HAVEN FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SIGNATURE REQUIRED**

FORM 1000

CR2E037 (4/02)