

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002663 (3)

1. Corporation Name
ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, INC.



Principal Place of Business: **820 MARCUM RD. LAKELAND FL 33809**
Mailing Address: **P.O. BOX 90164 LAKELAND FL 33804**

3. Date Incorporated or Qualified: **06/15/1993**
3a. Date of Last Report: **10/27/1995**
4. FEI Number: **59-3225794**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**PARKS, JOHN P
%WENDEL, CHRITTON & PARKS, CHARTERED
5300 S. FLORIDA AVE.
LAKELAND FL 33813**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	QUINN, PETER	
STREET ADDRESS	820 MARCUM ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VST/D	<input type="checkbox"/> DELETE
NAME	UNSER, LOREN	
STREET ADDRESS	4747 NORTH ROAD 33, LOT 312	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	THOMPSON, JOHN	
STREET ADDRESS	1311 HAMMOCK DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	LAUSELL, CATHY	
STREET ADDRESS	6135 CHAROLIAS DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	GILLEN, MATTHEW	
STREET ADDRESS	1135 W. GREENWOOD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rev. Peter Quinn* Jan. 30, 1996 941-858-8047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rev. Peter Quinn, Pastor**
Date: *Jan 30 1996* Daytime Phone #

CR2E037 (12/95)