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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002663 (3)
 1. Corporation Name
ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, IN C.

Principal Place of Business 820 MARCUM RD. LAKELAND FL 33809	Mailing Address P.O. BOX 90164 LAKELAND FL 33804-0164
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1993	3a. Date of Last Report 03/04/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3225794	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, PETER	
STREET ADDRESS	820 MARCUM ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	UNSER, LOREN	
STREET ADDRESS	4747 NORTH ROAD 33, LOT 312	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, JOHN	
STREET ADDRESS	1311 HAMMOCK DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAUSELL, CATHY	
STREET ADDRESS	6135 CHAROLIAS DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILLEN, MATHHEW	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CUNNINGHAM, VIANNEY REV. T.O.R.	
1.3 STREET ADDRESS	820 MARCUM ROAD	
1.4 CITY-ST-ZIP	LAKELAND FL	
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		

14. I do 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.

SIGNATURE: *Vianney Cunningham* **JANUARY 2, 1997** **(941) 858-8047**

REV. VIANNEY CUNNINGHAM T O R

CR2E037 (9/96)