


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90086 027 ****61.25

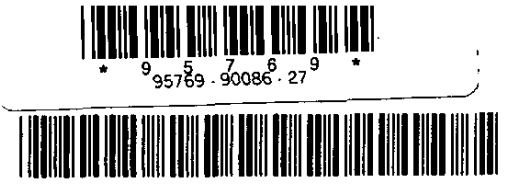
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002663

1. Corporation Name
ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, IN C. ST. ANTHONY CATHOLIC CHURCH

Principal Place of Business 820 MARCUM RD. LAKELAND FL 33809	Mailing Address P.O. BOX 90164 LAKELAND FL 33804
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 P.O. BOX 90164 Suite, Apt. #, etc. 27 City & State 28 Lakeland, FL Zip 29 33804 Country 30 USA	3. Date Incorporated or Qualified 06/15/1993	4. FEI Number 59-3225794 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, VIANNEY REV. T	1.2 NAME	Cunningham, Vianney Rev. J.
STREET ADDRESS	820 MARCUM ROAD	1.3 STREET ADDRESS	820 Marcum Rd.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, MICHAEL (SISTE	2.2 NAME	Patrick, Michael (Sister)
STREET ADDRESS	820 MARCUM RD	2.3 STREET ADDRESS	820 Marcum Rd.
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	Lakeland, FL. 33809
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOHN	3.2 NAME	
STREET ADDRESS	1311 HAMMOCK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUSELL, CATHY	4.2 NAME	
STREET ADDRESS	6135 CHAROLIAS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEN, MATHHEW	5.2 NAME	
STREET ADDRESS	1135 W. GREENWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Rev. Vianney Cunningham* **SIGNATURE REQUIRED** 1-8-99 (941) 858-28047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rev. Vianney Cunningham, T.O.R., President

Date _____ Daytime Phone # _____

CR2E037 (1/198)