

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002663

**FILED**  
**May 25, 2004**  
**Secretary of State**

**Entity Name:** ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, INC.

**Current Principal Place of Business:**

820 MARCUM RD.  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 90164  
LAKELAND, FL 33804

**New Mailing Address:**

**FEI Number:** 59-3225794      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WENDEL CHRITTON PKS & DEBARI CHARTERED  
5300 S. FLORIDA AVE.  
LAKELAND, FL 33813      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: GIGLIO, MICHAEL E  
Address: 820 MARCUM RD  
City-St-Zip: LAKELAND, FL 33809

Title: D      ( ) Delete  
Name: KOLAD, JOSEPH  
Address: 7704 HUBERSTAN DR.  
City-St-Zip: LAKELAND, FL 33810

Title: SD      ( ) Delete  
Name: LAUSELL, CATHY  
Address: 6135 CHAROLIAS DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: TD      ( ) Delete  
Name: GILLEN, MATHHEW  
Address: 1851 WESTMINSTER COURT  
City-St-Zip: LAKELAND, FL 33809

Title: D      ( ) Delete  
Name: SHEELER, LYNN  
Address: 7619 BRIAN LOOP ROAD  
City-St-Zip: LAKELAND, FL 33810

**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: TD      (X) Change ( ) Addition  
Name: GILLEN, MATHHEW  
Address: 4295 AUDUBON OAKS CIRCLE #201  
City-St-Zip: LAKELAND, FL 33809

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW GILLEN

TD

05/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date