

**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

192


**FILED**

**06 MAY 22 PM 2: 59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N93000002663**

1. Entity 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**

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

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

City & State  
Zip Country

**05182006 Chg-NP CR2E037 (4/06)**

4. FEI Number  
**59-3225794** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**J. O'BRIEN, FR. NICHOLAS  
PASTOR, ST. ANTHONY CHURCH  
820 MARCUM ROAD  
LAKELAND, FL 33809**

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

**Amended AR is \$61.25**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>J. OBRIEN, FR. NICHOLAS</b> <b>820 MARCUM RD</b> <b>LAKELAND, FL 33809</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>KOLAD, JOSEPH</b> <b>7704 HABERSHAM DR</b> <b>LAKELAND, FL 33810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LAUSELL, CATHY</b> <b>6135 CHAROLIAS DRIVE</b> <b>LAKELAND, FL 33810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVERHART, JOHN A</b> <b>7849 HABERSHAM DR</b> <b>LAKELAND, FL 33810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KALIL, VIRGINIA</b> <b>4022 ROLLING OAK DR</b> <b>LAKELAND, FL 33810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAUPER, AL</b> <b>7211 CENTERHILL DR</b> <b>LAKELAND, FL 33809</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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:** Gwen S. Hall, Director Gwen S. Hall 5.15.2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**600076387726**  
**06/20/06--01041--023 \*\*61.25**

242

Document # 93000002663  
St. Anthony's Catholic School Endowment Fund, Inc.

Directors:

Title D  
Name Bobbie Autorino  
Street Address 1025 Avon Avenue  
City, St, Zip Lakeland, FL 33801

Title D  
Name William L. Smith  
Street Address 7279 Remington Oaks Drive  
City, St, Zip Lakeland, FL 33810

Title D  
Name Julianne Bickford  
Street Address 7910 North Campbell Road  
City, St, Zip Lakeland, FL 33810

Title D  
Name Janet Peddecord  
Street Address 2306 Walden Place North  
City, St, Zip Plant City, FL 33566

Title D  
Name Gwen E. Hall  
Street Address P O Box 325 – 4218 Mather Rd West  
City, St, Zip Kathleen, FL 33849

Gwen E Hall 5-15-2006  
Gwen E. Hall Director