


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90016 032 \*\*\*\*61.25

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 820 MARCUM RD LAKELAND, FL 33809	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
J. O'BRIEN, FR. NICHOLAS PASTOR, ST. ANTHONY CHURCH 820 MARCUM ROAD LAKELAND, FL 33809		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P J. OBRIEN, FR. NICHOLAS 820 MARCUM RD LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM L. SMITH 7279 REMINGTON OAKS DR. LAKELAND, FL 33810 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOLAD, JOSEPH 7704 HABERSHAM DR LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIANNE BICKFORD 7910 NORTH CAMPBELL ROAD LAKELAND, FL 33810 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAUSELL, CATHY 6135 CHAROLIAS DRIVE LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET PEDDECORD 2306 WALDEN PLACE NORTH PLANT CITY, FL 33566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERHART, JOHN A 7849 HABERSHAM DR LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEN E. HALL 4218 MATHER RD. WEST KATHLEEN, FL 33849 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIL, VIRGINIA 4022 ROLLING OAK DR LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT BEATY 6225 DEAN STILL RD. LAKELAND, FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUPER, AL 7211 CENTERHILL DR LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



01232008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3225794 Applied For Not Applicable

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

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: Cathy Lausell CATHY LAUSELL DS 01/23/2008 863-858-8047  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #