

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746235 (1)

1. Corporation Name

ST. JOSEPH'S SCHOOL FOUNDATION, INC.



Principal Place of Business

210 W. LEMON ST.  
LAKELAND FL 33801

Mailing Address

210 W. LEMON ST.  
LAKELAND FL 33801

3. Date Incorporated or Qualified

03/14/1979

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

PO Box 387

27

Suite, Apt. #, etc.

28

City & State  
Lakeland, FL

29

Zip  
33802

30

Country  
USA

4. FEI Number

~~59-8000000~~ 59-3111660

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERIDAN, THOMAS M.  
2205 FAIRMOUNT AVE.  
LAKELAND FL 33803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 Thomas M. Sheridan

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

2/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME O'REILLY, FRANK J.  
STREET ADDRESS 620 LAUREL LANE  
CITY-ST-ZIP LAKELAND, FL 00000

TITLE VD ☒ DELETE

NAME ALTENBURGER, MARK  
STREET ADDRESS 318 MIRAMAR ROAD  
CITY-ST-ZIP LAKELAND, FL 00000

TITLE D ☐ DELETE

NAME CAULFIELD, JOHN P  
STREET ADDRESS 210 W. LEMON ST.  
CITY-ST-ZIP LAKELAND, FL 00000

TITLE DP ☐ DELETE

NAME SHERIDAN, THOMAS M  
STREET ADDRESS 2205 FAIRMOUNT AVE.  
CITY-ST-ZIP LAKELAND, FL 0

TITLE DS ☐ DELETE

NAME TROIANO, D.A.  
STREET ADDRESS 1621 NEWPORT AVE.  
CITY-ST-ZIP LAKELAND, FL 00000

TITLE D ☐ DELETE

NAME LENCIONI, RUBY  
STREET ADDRESS 630 LONE PALM DR.  
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Lakeland, FL 33813

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D Lowry, Cody  
320 Hillcrest Street  
Lakeland, FL 33801

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Lakeland, FL 33801

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Lakeland, FL 33803

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Lakeland, FL 33803

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Lakeland, FL 33801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/96

Daytime Phone #

CR2E037 (12/95)