

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746235

Entity Name: ST. JOSEPH'S EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

107 ALLAMANDA DR.
LAKELAND, FL 33803

Current Mailing Address:

107 ALLAMANDA DR.
LAKELAND, FL 33803 US

FEI Number: 59-3111660

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GRANA, MAITTEE
118 W. LEMON STREET
LAKELAND, FL 33815 US

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: MAITTEE GRANA

02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name LOFARO, ANDREW F.
Address 118 W. LEMON ST.
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR, VICE PRESIDENT
Name BECKER, PATTY
Address 1536 BANBURY LOOP S.
City-State-Zip: LAKELAND FL 33809

Title DIRECTOR
Name MCKEEL, PEGGY
Address 2805 SHOAL CREEK VILLAGE DR.
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR, TREASURER
Name PENNACHIO, GERALYN
Address 1103 STONEBROOK LANE
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR, SECRETARY
Name MCQUEEN, MICHELLE
Address 5338 KINSLEY LN.
City-State-Zip: LAKELAND FL 33812

Title DIRECTOR
Name FRANZINOP, MATT
Address 3922 SUNSET LAKE DR.
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR
Name LABO, TIMOTHY FR.
Address 118 W. LEMON ST.
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name SCHWOPE, DEBORAH
Address 15537 GANNETGLADE LANE
City-State-Zip: LITHIA FL 33547

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I hereby 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 all other like empowered.

SIGNATURE: DANIEL PILKA

DIRECTOR

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PILKA, DANIEL
Address 647 TEMPLE TERRACE
City-State-Zip: LAKELAND FL 33801