

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746235

**Entity Name:** ST. JOSEPH'S SCHOOL FOUNDATION, INC.**Current Principal Place of Business:**310 MCDONALD ST  
LAKELAND, FL 33803**Current Mailing Address:**310 MCDONALD ST  
LAKELAND, FL 33803**FEI Number:** 59-3111660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRISON, JOSEPH A. ESQ.  
210 W LEMON ST  
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:** JOSEPH A. MORRISON

04/17/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PILKA, DANIEL F  
Address        256 N. KENTUCKY AVE  
City-State-Zip: LAKELAND FL 33801

Title            PASTOR  
Name            BOLATETE, RAMON G  
Address        210 W. LEMON ST.  
City-State-Zip: LAKELAND FL 33815

Title            D  
Name            LARUE, VICTORIA T  
Address        5726 COVEVIEW DRIVE, EAST  
City-State-Zip: LAKELAND FL 33813

Title            D  
Name            DEAN, JAMES  
Address        614 COTTAGE LANE  
City-State-Zip: LAKELAND FL 33803

Title            D  
Name            LINK, ASHLEY C  
Address        1538 EAST NORTON STREET  
City-State-Zip: LAKELAND FL 33803

Title            SECRETARY  
Name            MCKEEL, PEGGY T  
Address        2421 CAMBRIDGE AVE.  
City-State-Zip: LAKELAND FL 33803

Title            VP  
Name            MORRISON, JOSEPH A  
Address        1610 CLARENDON AVENUE  
City-State-Zip: LAKELAND FL 33803

Title            TREASURER  
Name            GOLOTKO, PETER C  
Address        1509 SOUTH FLORIDA AVENUE  
City-State-Zip: LAKLEAND FL 33813

*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:** JOSEPH A MORRISON**REGISTERED AGENT**

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date