

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746235

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

Current Principal Place of Business:

310 FRANK LLOYD WRIGHT WAY
LAKELAND, FL 33803

Current Mailing Address:

310 FRANK LLOYD WRIGHT WAY
LAKELAND, FL 33803 US

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

03/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN OF BOARD
Name PILKA, DANIEL F ESQ.
Address 213 PROVIDENCE RD.
City-State-Zip: BRANDON FL 33511

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

Title D, OFFICER
Name WALLER, BRIAN
Address 310 FRANK LLOYD WRIGHT WAY
City-State-Zip: LAKELAND FL 33801

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

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

Title SECRETARY
Name MCKEEL, PEGGY T
Address 2545 LAUREL GLEN DR.
City-State-Zip: LAKELAND FL 33803

Title BOARD MEMBER
Name HOLLEY, MICHAEL
Address 1260 VISTA HILLS DR.
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name LUNZ, BRAD
Address 58 LAKE MORTON DR
City-State-Zip: LAKELAND FL 33801

Continues on page 2

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: MICHELLE A. MCQUEEN

OFFICER

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PENNACHIO, GERRI
Address 1505 HALLAM CT
City-State-Zip: LAKELAND FL 33813

Title PASTOR
Name BOLETATE, RAMON REV.
Address 210 W. LEMON ST
City-State-Zip: LAKELAND FL 33801

Title OFFICER
Name MCQUEEN, MICHELLE A.
Address 5440 HIGHLANDS VISTA CR.
City-State-Zip: LAKELAND FL 33812