

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746235

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

**Current Principal Place of Business:**

109 ALLAMANDA DR.  
LAKELAND, FL 33803

**FILED**  
**Feb 22, 2019**  
**Secretary of State**  
**6753012647CC**

**Current Mailing Address:**

109 ALLAMANDA DR.  
LAKELAND, FL 33803 US

**FEI Number: 59-3111660**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORRISON, JOSEPH A.  
210 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: JOSEPH A. MORRISON**

**02/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name PILKA, DANIEL F.  
Address 213 PROVIDENCE ROAD  
City-State-Zip: BRANDON FL 33511

Title DIRECTOR  
Name WALLER, BRIAN  
Address 109 ALLAMANDA DRIVE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR, VICE PRESIDENT  
Name NIXON, JENNIFER  
Address 416 MORNINGSIDE DRIVE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name MCKEEL, PEGGY  
Address 2545 LAUREL GLEN DRIVE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name HOLLEY, MICHAEL  
Address 109 ALLAMANDA DRIVE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR, TREASURER  
Name PENNACHIO, GERALYN  
Address 1505 HALLAM COURT  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR, SECRETARY  
Name MCQUEEN, MICHELLE  
Address 2551 LAUREL GLEN DRIVE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name PELLIGRINI, RICHARD  
Address 667 GRASSLANDS VILLAGE CIR.  
City-State-Zip: LAKELAND FL 33803

**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: DANIEL F. PILKA**

**PRESIDENT**

**02/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WENDEL, JOHN  
Address        ONE LAKE HOLLINGSWORTH DRIVE, UNIT #4  
City-State-Zip: LAKELAND FL 33803