

**2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 746235

**Entity Name:** ST. JOSEPH'S EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**118 WEST LEMON STREET  
LAKELAND, FL 33815**Current Mailing Address:**118 WEST LEMON STREET  
LAKELAND, FL 33815 US**FEI Number:** 59-3111660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOFARO, ANDREW  
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:** ANDREW LOFARO

01/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	LOFARO, ANDREW N
Address	118 WEST LEMON STREET
City-State-Zip:	LAKELAND FL 33815

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

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

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

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

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

Title	DIRECTOR
Name	HAAS, TAMMI
Address	333 TERRACE WAY
City-State-Zip:	LAKELAND FL 33813

Title	DIRECTOR
Name	ADAM, ANNA DR.
Address	924 MARCUM ROAD
City-State-Zip:	LAKELAND FL 33809

**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:** ANDREW LOFARO

PRESIDENT

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	NORTON, SCOT
Address	2118 SYLVESTER COURT
City-State-Zip:	LAKELAND FL 33803