2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 746235

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

Current Principal Place of Business:

210 W. LEMON ST.
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 30
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-3111660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAULFIELD, JOHN P MSGR.
210 W LEMON ST
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DS	(X) Delete
Name:	HOLLEY, MICHAEL	
Address:	1025 US HWY 98 S	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	( ) Delete
Name:	BROWNE, KEVIN	
Address:	1030 LAKE HOLLINGSWORTH DR.	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	CAULFIELD, JOHN P	
Address:	210 W. LEMON ST.	
City-St-Zip:	LAKELAND, FL 33815	
Title:	P	( ) Delete
Name:	LOWRY, CODY	
Address:	4611 A STREET	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	LENCIONI, RUBY	
Address:	630 LONE PALM DR.	
City-St-Zip:	LAKELAND, FL	
Title:	D	( ) Delete
Name:	MCHUGH, GERARD	
Address:	102 E. BELVEDERE STREET	
City-St-Zip:	LAKELAND, FL 33803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN P. CAULFIELD D 04/30/2009

Electronic Signature of Signing Officer or Director — Date