


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90021 037 ****70.00

DOCUMENT # N00000005519					
1. Entity Name SAINT ANTHONY'S CHILDRENS' HOME COLLEGE FUND, INC.					
Principal Place of Business 2024 LARCHMONT DR DELAND, FL 32724			Mailing Address 2024 LARCHMONT DR DELAND, FL 32724		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3693484	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EARLY, CHARLES L 2303 PIN OAK DRIVE DELAND, FL 32724				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Charles L. Early Jr.</u> (no changes) 1/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALABER, JAMES J			NAME	
STREET ADDRESS	2024 LARCHMONT DR			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, FRANCIS A JR			NAME	
STREET ADDRESS	2333 PIN OAK DR			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCCIANO, SYLVESTER			NAME	
STREET ADDRESS	2811 ROCHELLE LANE			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DEBBIE			NAME	
STREET ADDRESS	2333 PIN OAK DRIVE			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLY, CHARLES L JR			NAME	
STREET ADDRESS	2303 PIN OAK DRIVE			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charles L. Early Jr.</u>				1/8/04 3867401377	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	