

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90378 017 ****61.25

DOCUMENT # N03000005320

1. Entity Name

ST. ANTHONY CLARET FUND, INC.



Principal Place of Business

913 DEER CHASE DRIVE
ST. AUGUSTINE FL 32086

Mailing Address

913 DEER CHASE DRIVE
ST. AUGUSTINE FL 32086

2. Principal Place of Business

5 Seminole Dr

Suite, Apt. #, etc.

St. Augustine

City & State

FL

Zip

32086

Country

USA

3. Mailing Address

5 Seminole Dr

Suite, Apt. #, etc.

St. Augustine, FL

City & State

FL

Zip

32084

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

FIN 42-1595811

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

KIGHT, LEO J JR
835 GERONA ROAD
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BRUNER, LINDA
STREET ADDRESS 168 MARSH ISLAND CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE D ☐ Delete
NAME FARRELL, FRAN
STREET ADDRESS 913 DEER CHASE DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ Delete
NAME KIGHT, LEO
STREET ADDRESS 835 GERONA ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ Delete
NAME NG, RAPHAEL
STREET ADDRESS 870 RED FOX TRAIL
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ Delete
NAME ROSADO, SANTIAGO
STREET ADDRESS 39 DOLPHIN DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32080

TITLE D ☐ Delete
NAME VALLEY, TIMOTHY
STREET ADDRESS 5 SEMINOLE DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition
NAME Windish, Catherine
STREET ADDRESS 5235 'Datil Pepper Rd.
CITY-ST-ZIP St. Augustine, FL 32086

TITLE VP/D ☒ Change ☐ Addition
NAME Bruner, Linda
STREET ADDRESS 168 Marsh Island Circle
CITY-ST-ZIP St. Augustine, FL 32095

TITLE S/D ☒ Change ☐ Addition
NAME Farrell, Fran
STREET ADDRESS 913 Deer Chase Dr
CITY-ST-ZIP St. Augustine, FL 32086

TITLE T/D ☒ Change ☐ Addition
NAME Valley, Timothy
STREET ADDRESS 5 Seminole Drive
CITY-ST-ZIP St. Augustine, FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy J Valley Timothy J Valley 4/16/04 904-228-4684