

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005320

FILED
May 01, 2005
Secretary of State

Entity Name: ST. ANTHONY CLARET FUND, INC.

Current Principal Place of Business:

5 SEMINOLE DR
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

5 SEMINOLE DR
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 42-1595811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIGHT, LEO J JR
835 GERONA ROAD
ST. AUGUSTINE, FL 32086 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: D () Delete
Name: BRUNER, LINDA
Address: 168 MARSH ISLAND CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VPD () Delete
Name: BRUNER, LINDA
Address: 168 MARSH ISLAND CIR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: SD () Delete
Name: FARRELL, FRAN
Address: 913 DEER CHASE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: TD () Delete
Name: VALLEY, TIMOTHY
Address: 5 SEMINOLE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: ROSADO, SANTIAGO
Address: 39 DOLPHIN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: VALLEY, TIMOTHY
Address: 5 SEMINOLE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

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 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 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: TIMOTHY VALLEY

TD

05/01/2005

Electronic Signature of Signing Officer or Director

Date