FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N38638

(5)

ST. JOSEPH EDUCATION ENDOWMENT FUND, INC.

Principal Place of Business Mailing Address					(400)4141 400 (1191 10110 01100 11101	L regitate dad tales lette erres that have eren eren eren eren eren eren eren er	
ST. JOSEPH C	CHURCH	ST. JOSEPH CHURCH	ST. JOSEPH CHURCH				
532 AVE. M., N.W.		532 AVE. M., N.W.					
WINTER HAVEN FL 33881		WINTER HAVEN FL 33881		3. Date Incorporated or Qualified	3a. Date of Last Report		
					06/14/1990	02/01/1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-3069831	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			— Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
7.0	Country	28 Zip	Country		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	29	30		8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes [2], No	
24	9. Name and Address of Curre				10. Name and Address of New Re		
		· · · · · · · · · · · · · · · · · · ·	81	Name			
SPANJERS, CRAIG M.			00		Address (P.O. Box Number is Not Acceptable	21	
60-2ND ST., S.E.		82 Street Ad		Address (F.O. BOX NORDER IS NOT Addeptable	31		
WINTER HAVEN FL 33882-0860			83				
			0.4	04.		ne Zio Codo	
			84	City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 617,050.	2 and 617.1508, Florida Statut	es, the above-	named co	orporation submits this statement for the purp board of directors. I hereby accept the appo	ose of changing its registered office	
or register familiar wit	h, and agreet the or distings of sec	tion 61₹.0503, Florida Statutes	өй булге соғы 5.	Uraliui S			
SIGNATURE 🗹		uz.			1/ :	30/96	
	Signature, typed or princed vanue of registered again			t signature r	equired when reinstating) ADDITIONS CHANGES TO OFFI	OATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS CHANGES TO OFFI	Change Addition	
TITLE	BLUETT, ANTHONY	Ljotteit	1.2 NAME				
NAME OFFICER ADDRESS	532 AVE M, NW			ADDRESS			
STREET ADDRESS	WINTER HAVEN FL		1.4 CITY -				
C-TY - ST - ZIP TI*LE	D	DELETE	2.1 TITLE	11 - 21		Change Addition	
, tt	FULTON DUSCELL H	<u> </u>	32 NAME			_ , _	
STREET ADDRESS	333 LAKE HOWARD DR., NW			ADDRESS			
CITY-S' ZIP	WINTER HAVEN FL		2.4 CITY -	ST - ZIP			
TITLE	D NEW CAMP	☐ DEL ETE	3.1 THE			☐ Change ☐ Addition	
NAME	NEAL, DAVID	-	3.2 NAME				
STREET ADDRESS	1050 LAKE HAMILTON DR.,W	1	3 3 STREE	ADDRESS			
CITY-ST-ZIP TITLE	WINTER HAVEN FL D	Floorer	3.4 CHTY	91 5 - 1 18			
NAME	MURRELL, PATRICIA	DELETE	4 1 TITLE			☐ Change ☐ Addition	
!	1433 LAKE HOWARD DR., N	At .	4 2 NAME				
STREET ADDRESS	WINTER HAVEN FL) 1	4 3 STHEE				
CITY - ST - ZIP TITLE	D	DELETE	4.4 CITY - 5	1 - 7iP			
NAME	PILISAN, MARY KATHERINE	Cotte	5 1 TITLE			Change Addition	
STREET ADDRESS	538 AVE. M., N.W.		5.2 NAME	ADDOCCC			
City-St-ZiP	WINTER HAVEN FL		5 3 STREET				
TITLE	D	DELETE	61 TITLE	1 - 211		☐ Change ☐ Addition	
NAME	MLODZIKOWSKI, JEAN RENE		62 NAME			Change D Addition	
STREET ADDRESS	538 AVE. M., N.W.		63 STREET	ADORESS			
CITY - ST - ZIP	WINTER HAVEN FL		64 CHTY - S	T - 7 P			
	certify that the information supplied	with this filing is voluntarily furn	ished and doe	s not qua	Lify for the exemption stated in Section 119.0	7/3/(k) Florida Statutes Lituration	

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BUSSELLY FULTON - TUSSELLY FULTON - 1-30-96-941-294-3144

CR2E037 (12/95)

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