


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90095 032 ****61.25

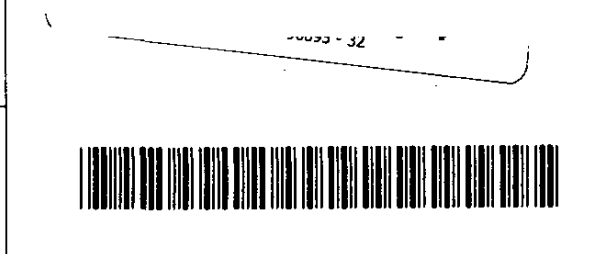
0058849

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # N38638

1. Corporation Name
ST. JOSEPH EDUCATION ENDOWMENT FUND, INC.

Principal Place of Business ST. JOSEPH CHURCH 532 AVE. M., N.W. WINTER HAVEN FL 33881	Mailing Address ST. JOSEPH CHURCH 532 AVE. M. N.W. WINTER HAVEN FL 33881
------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/14/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3069831
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPANJERS, CRAIG M. 60-2ND ST., S.E. WINTER HAVEN FL 33882-0860		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUETT, ANTHONY	1.2 NAME	
STREET ADDRESS	532 AVE M, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULTON, RUSSELL H.	2.2 NAME	Peter Verrill
STREET ADDRESS	333 LAKE HOWARD DR., NW	2.3 STREET ADDRESS	305 Hamilton Shore DR
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, DAVID	3.2 NAME	FULTON, RUSSELL H.
STREET ADDRESS	1050 LAKE HAMILTON DR., W	3.3 STREET ADDRESS	333 LK. HOWARD D. NW
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRELL, PATRICIA	4.2 NAME	FERENCE, ROBERT
STREET ADDRESS	POST OFFICE BOX 832 MOUNTAIN LAKES ESTATES	4.3 STREET ADDRESS	315 HAMILTON SHR DRIVE
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PILISAN, MARY KATHERINE	5.2 NAME	WALDMAN, JOHN
STREET ADDRESS	538 AVE. M., N.W.	5.3 STREET ADDRESS	810 HILLSIDE COURT NORTH
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOMBS, ANGELA	6.2 NAME	Becky Roach D.
STREET ADDRESS	535 AVE M NW	6.3 STREET ADDRESS	280 E. HOFFMAN ST.
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	LK. MERED, FL 33850

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: April 27, 1999 Daytime Phone #: 941-294-3144

CR2E037 (1/198)