2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 26, 2005 08:00 AM Secretary of State

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1. Entity 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



DO NOT WRITE IN THIS SPACE

04262005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3069831

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SPANJERS, CRAIG M. 60-2ND ST., S.E.

WINTER HAVEN, FL 33882-0860

DO	NOT	WRITE
IN	THIS	SPACE

8. The above the obliga	a named entity submits this statement for the pations of registered agent.	surpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE.			<u> </u>	<u> </u>			
<u> </u>	Signature, typed or printed name of registered agent and title	rapplicable, (NOTE Registered	Agent signature	required when reinstating)	. 22 1	DATE	
 	Filing Fee is \$61.25 Due by May 1, 2005	 Election Campaign Finance Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u>'</u>		. 25' 3 ' 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMANN, WILLIAM J 532 AVE M, NW WINTER HAVEN, FL 33881		!		U00000 05/26/05-1	36 9 33 1 30002-004 61	25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERENCE, ROBERT 532 AVE. NW WINTER HAVEN, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEAL, DAVID 1050 LAKE HAMILTON DR.,W WINTER HAVEN, FL		-	DO	NOT W	RITE	
NAME STREET ADDRESS CITY-S1-ZIP	D MURRELL, PATRICIA POST OFFICE BOX 832 MOUNTAIN L LAKE WALES, FL	AKES ESTATES		IN	THIS SF	PACE	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDMAN, JOHN 810 HILLSIDE COURT NORTH WINTER HAVEN, FL	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMBS, ANGELA 535 AVE M NW WINTER HAVEN, FL						í
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exem not accurate and that my signatu to execute this report as require other like empowered.	ption stated re shall hav id by Chapt	in Section 119,07(3) e the same legal effe er 617, Florida Statut	(i), Florida Statutes. I ct as if made under oues; and that my name	further certify that the ath; that I am an office appears in Block 10 c	nformation or director or Block 11 if