

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90029 018 \*\*\*\*61.25

**DOCUMENT # N38638**

**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**

**40008159**



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State

City & State

**4. FEI Number**  
**59-3069831**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SPANJERS, CRAIG M.**  
**60-2ND ST., S.E.**  
**WINTER HAVEN, FL 33882-0860**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PD ☐ Delete  
**NAME** PLONTAL, PEDRO JR  
**STREET ADDRESS** 532 AVE M, NW  
**CITY-ST-ZIP** WINTER HAVEN, FL 33881

**TITLE** ☒ Change ☐ Addition  
**NAME** Plontal, Pedro Jr  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VD ☐ Delete  
**NAME** FERENCE, ROBERT  
**STREET ADDRESS** 532 AVE. NW  
**CITY-ST-ZIP** WINTER HAVEN, FL

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

**TITLE** TD ☐ Delete  
**NAME** NEAL, DAVID  
**STREET ADDRESS** 1050 LAKE HAMILTON DR.,W  
**CITY-ST-ZIP** WINTER HAVEN, FL

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

**TITLE** D ☐ Delete  
**NAME** MURRELL, PATRICIA  
**STREET ADDRESS** POST OFFICE BOX 832 MOUNTAIN LAKES ESTATES  
**CITY-ST-ZIP** LAKE WALES, FL

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

**TITLE** D ☒ Delete  
**NAME** WALDMAN, JOHN  
**STREET ADDRESS** 810 HILLSIDE COURT NORTH  
**CITY-ST-ZIP** WINTER HAVEN, FL

**TITLE** ☒ Change ☒ Addition  
**NAME** S Verrill, Peter  
**STREET ADDRESS** 532 Avenue M NW  
**CITY-ST-ZIP** Winter Haven, FL 33881

**TITLE** D ☒ Delete  
**NAME** COOMBS, ANGELA  
**STREET ADDRESS** 535 AVE M NW  
**CITY-ST-ZIP** WINTER HAVEN, FL

**TITLE** ☒ Change ☒ Addition  
**NAME** D Schwoppe, Deborah  
**STREET ADDRESS** 535 Avenue M NW  
**CITY-ST-ZIP** Winter Haven, FL 33881

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Date

863-294-3144

Daytime Phone #