

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**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**



02262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3069831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
VERRILL, PETER  
532 AVE NW  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCWOPE, DEBORAH  
535 AVE M NW  
WINTER HAVEN, FL 33881**

U00000844656  
03/13/08-80007-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/2008

863-294-3144