


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # N38638</b>	
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
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3069831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (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

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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:  2/26/2008 863-294-3144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #