

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38638

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ST. JOSEPH EDUCATION ENDOWMENT FUND, INC.

**Current Principal Place of Business:**

ST. JOSEPH CHURCH  
532 AVE. M., N.W.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

ST. JOSEPH CHURCH  
532 AVE. M., N.W.  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 59-3069931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPANJERS, CRAIG M.  
60-2ND ST., S.E.  
WINTER HAVEN, FL 338820860 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PUNTAL, PEDRO JR  
Address: 532 AVE M, NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD ( ) Delete  
Name: FERENGE, ROBERT  
Address: 532 AVE. NW  
City-St-Zip: WINTER HAVEN, FL

Title: TD ( ) Delete  
Name: NEAL, DAVID  
Address: 1050 LAKE HAMILTON DR., W  
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete  
Name: MURRELL, PATRICIA  
Address: POST OFFICE BOX 832 MOUNTAIN LAKES ESTATES  
City-St-Zip: LAKE WALES, FL

Title: S ( ) Delete  
Name: VERRILL, PETER  
Address: 532 AVE NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: SCWOPE, DEBORAH  
Address: 535 AVE M NW  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO PUNTAL JR

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date