
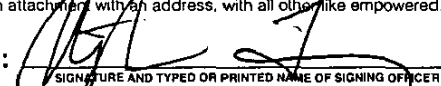


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90108 010 \*\*\*\*61.25

<b>DOCUMENT # N41723</b> 1. Entity Name <b>ST. ANASTASIA SCHOOL ENDOWMENT, INC.</b>					
Principal Place of Business <b>401 SOUTH 33RD ST. FT. PIERCE, FL 34947</b>			Mailing Address <b>401 SOUTH 33RD ST. FT. PIERCE, FL 34947</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STEPHEN TIERNEY 303 DEERWOOD LANE FT. PIERCE, FL 34947</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUETTLER, JEAN V		NAME	Boedicker, Thomas E.	
STREET ADDRESS	401 S 33RD ST		STREET ADDRESS	401 S 33rd Street	
CITY-ST-ZIP	FT PIERCE, FL		CITY-ST-ZIP	Fort Pierce, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPER, CHARLES		NAME	Hooper, Charles	
STREET ADDRESS	7309 ELYSE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORES, GERARD M		NAME	Monahan, Margaret	
STREET ADDRESS	118 N. NARANJA AVE.		STREET ADDRESS	401 S 33rd Street	
CITY-ST-ZIP	PORT ST. LUCIE, FL		CITY-ST-ZIP	Fort Pierce, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRABULSY, NORMAN		NAME	Tierney, Steve	
STREET ADDRESS	496 PENINSULAR DR.		STREET ADDRESS	401 S 33rd Street	
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP	Fort Pierce, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWERER, ROBERT		NAME		
STREET ADDRESS	7315 ELYSE CIR		STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINNOTT, ROBERT		NAME		
STREET ADDRESS	4595 TAYLOR DAIRY RD.		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 			3/14/05 772-464-8200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**50028891**



01142005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0274381**

Applied For  
Not Applicable

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

**STEPHEN TIERNEY  
303 DEERWOOD LANE  
FT. PIERCE, FL 34947**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  

FL

Zip Code

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Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP

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401 S 33RD ST  
FT PIERCE, FL

☒ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
Boedicker, Thomas E.  
401 S 33rd Street  
Fort Pierce, FL

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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HOOPER, CHARLES  
7309 ELYSE CIRCLE  
PT. ST. LUCIE, FL

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

DVP  
Hooper, Charles

☒ Change ☐ Addition

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**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05 772-464-8200  
Date Daytime Phone #