


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N41723	
1. Entity Name ST. ANASTASIA SCHOOL ENDOWMENT, INC.	

Principal Place of Business 401 SOUTH 33RD ST. FT. PIERCE, FL 34947	Mailing Address 401 SOUTH 33RD ST. FT. PIERCE, FL 34947
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01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0274381	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEPHEN TIERNEY 303 DEERWOOD LANE FT. PIERCE, FL 34947
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**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 registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	TD BOEDICKER, THOMAS E 401 S 33RD ST FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HOOPER, CHARLES 7309 ELYSE CIRCLE PT. ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MONAHAN, MARGARET 401 S. 33RD ST FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TIERNEY, STEVE 401 S 33RD ST FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHWERER, ROBERT 7315 ELYSE CIR PT. ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINNOTT, ROBERT 4595 TAYLOR DAIRY RD. FT. PIERCE, FL

000000500817
04/25/06-80036-021 61.25

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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:  **Thomas Boedicker** 1-18-06 772-461-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #