

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 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



02062007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

STEPHEN TIERNEY  
303 DEERWOOD LANE  
FT. PIERCE, FL 34947

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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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE TD  
NAME BOEDICKER, THOMAS E  
STREET ADDRESS 401 S 33RD ST  
CITY-ST-ZIP FT PIERCE, FL

TITLE DVP  
NAME HOOPER, CHARLES  
STREET ADDRESS 7309 ELYSE CIRCLE  
CITY-ST-ZIP PT. ST. LUCIE, FL

TITLE DS  
NAME MONAHAN, MARGARET  
STREET ADDRESS 401 S. 33RD ST  
CITY-ST-ZIP FORT PIERCE, FL

TITLE DP  
NAME TIERNEY, STEVE  
STREET ADDRESS 401 S 33RD ST  
CITY-ST-ZIP FT. PIERCE, FL

TITLE D  
NAME SCHWERER, ROBERT  
STREET ADDRESS 7315 ELYSE CIR  
CITY-ST-ZIP PT. ST. LUCIE, FL

TITLE D  
NAME SINNOTT, ROBERT  
STREET ADDRESS 4595 TAYLOR DAIRY RD.  
CITY-ST-ZIP FT. PIERCE, FL

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IN THIS SPACE**

U00000710227  
04/25/07-80035-006 61.25

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 #