

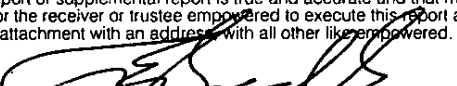


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90024 035 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0274381	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEPHEN TIERNEY 303 DEERWOOD LANE FT. PIERCE, FL 34947				7. Name and Address of New Registered Agent Name Richard Carnell Street Address (P.O. Box Number is Not Acceptable) 1900 Old Dixie Highway City Fort Pierce FL Zip Code 34946	
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  1-14-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOEDICKER, THOMAS E 401 S 33RD ST FT PIERCE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOOPER, CHARLES 7309 ELYSE CIRCLE PT. ST. LUCIE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP William Wolf 2718 Placid Avenue Fort Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONAHAN, MARGARET 401 S. 33RD ST FORT PIERCE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIERNEY, STEVE 401 S 33RD ST FT. PIERCE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Richard Carnell 1900 Old Dixie Highway Fort Pierce, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWERER, ROBERT 7315 ELYSE CIR PT. ST. LUCIE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Hooper 7309 Elyse Circle Port St. Lucie, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINNOTT, ROBERT 4595 TAYLOR DAIRY RD. FT. PIERCE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 E. Boedicker 1-14-08 772-2461-2232 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					