

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41723

FILED
Jan 21, 2009
Secretary of State

Entity Name: ST. ANASTASIA SCHOOL ENDOWMENT, INC.

Current Principal Place of Business:

401 SOUTH 33RD ST.
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

401 SOUTH 33RD ST.
FT. PIERCE, FL 34947

New Mailing Address:

FEI Number: 65-0274381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARNELL, RICHARD
1900 OLD DIXIE HIGHWAY
FORT PIERCE, FL 34946 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: TD () Delete
Name: BOEDICKER, THOMAS E
Address: 401 S 33RD ST
City-St-Zip: FT PIERCE, FL

Title: DVP () Delete
Name: WOLF, WILLIAM
Address: 2718 PLACID AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: DS () Delete
Name: MONAHAN, MARGARET
Address: 401 S. 33RD ST
City-St-Zip: FORT PIERCE, FL

Title: DP () Delete
Name: CARNELL, RICHARD
Address: 1900 OLD DIXIE HIGHWAY
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: HOOPER, CHARLES
Address: 7309 ELYSE CIRCLE
City-St-Zip: PT. ST. LUCIE, FL

Title: D () Delete
Name: SINNOTT, ROBERT
Address: 4595 TAYLOR DAIRY RD.
City-St-Zip: FT. PIERCE, FL

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: THOMAS BOEDICKER

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date