


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90011 028 ****61.25

DOCUMENT # N51119
1. Entity Name
ST. ELIZABETH ANN SETON ENDOWMENT, INC.



Principal Place of Business
**5325 28TH AVENUE S.W.
NAPLES FL 33999
2760 52ND TERRACE SW
NAPLES, FL 34116**

Mailing Address
**5325 28TH AVENUE S.W.
NAPLES FL 33999
2760 52ND TERRACE SW
NAPLES, FL 34116**

14022928



MOORE CR2E037 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
65-0365291

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAULICH, JOHN, III
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **REV JOSEPH SPINELLI**
Street Address (P.O. Box Number is Not Acceptable)
**2760 52ND TERRACE SW
NAPLES, FL 34116**
City **FL** Zip Code

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 *Rev. Joseph Spinelli* **PASTOR REV. JOSEPH SPINELLI** **5-5-04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULICH, JOHN, III 801 ANCHOR RODE DRIVE, SUITE 209 NAPLES FL 34103 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANCA, GARY 5325 28TH AVENUE S.W. NAPLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMB, NANCY 5325 28TH AVENUE S.W. NAPLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAULA LOMBARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2760 52ND TERRACE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF HALLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2760 52ND TERRACE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER HAYDEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2760 52ND TERRACE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE *Rev. Joseph Spinelli* **REV JOSEPH SPINELLI** **5-5-04** **239-455-3900**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #