


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90049 046 ****61.25

DOCUMENT # N51119 1. Entity Name ST. ELIZABETH ANN SETON ENDOWMENT, INC.	
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Principal Place of Business 2760 52ND TERRACE SW NAPLES, FL 34116	Mailing Address 2760 52ND TERRACE SW NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0365291	Applied For 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 SPINELLI, JOSEPH 2760 52ND TERRACE SW NAPLES, FL 34116

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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: Joseph Spinelli Joseph Spinelli 1-26-05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDO, PAULA 2760 52ND TERRACE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLER, JEFF 2760 52ND TERRACE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDEN, PETER 2760 52ND TERRACE SW NAPLES, FL 34116
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joseph Spinelli Joseph Spinelli 1-26-05 239-455-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #