


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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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01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0365291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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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01/25/06-80029-024 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: Joseph Spinelli **JOSEPH SPINELLI** 1-18-06 239-455-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #