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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002626

1. Corporation Name

RESURRECTION CATHOLIC SCHOOL ENDOWMENT FUND, INC

Principal Place of Business

3720 OLD HIGHWAY 37
LAKE LAND FL 33813

Mailing Address

3720 OLD HIGHWAY 37
LAKE LAND FL 33813



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/11/1993

4. FEI Number

59-3210586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PARKS, JOHN P
WENDEL CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKE LAND FL 33813

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **CAMPISI, SAL**
STREET ADDRESS **5335 WOODHAVEN LN**
CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **VT** ☐ DELETE

NAME **CAPP, LINDA**
STREET ADDRESS **4994 SOUTH FORK DR**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **T** ☐ DELETE

NAME **WORTMAN, JOSEPH**
STREET ADDRESS **5063 WINDOVER LANE**
CITY-ST-ZIP **LAKE LAND FL**

TITLE **S** ☐ DELETE

NAME **SMITH, CHARLES**
STREET ADDRESS **1225 JEFFERSON DR**
CITY-ST-ZIP **LAKE LAND FL 33803**

TITLE **D** ☒ DELETE

NAME **SHEEDY, VAL J**
STREET ADDRESS **3720 OLD HWY 37**
CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
MELLO, MATTHEW G.
3720 OLD HWY 37
LAKE LAND FL 33813

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99 (941) 646-3556
Date Daytime Phone #

CR2E037 (11/98)