

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002626</b>	
1. Entity Name <b>RESURRECTION CATHOLIC SCHOOL ENDOWMENT FUND, INC.</b>	
Principal Place of Business <b>3720 OLD HIGHWAY 37 LAKELAND, FL 33813 US</b>	Mailing Address <b>3855 S FLORIDA AVE LAKELAND, FL 33813-1109 US</b>



03292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3210586</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CHRITTON, CHARLES P WENDEL CHRITTON &amp; PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND, FL 33813</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>11000000309406 04/16/05-80035-021 70.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PT CAMPISI, SAL 5335 WOODHAVEN LN LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VT CORY, MATTHEW 325 PALMOLA ST LAKELAND, FL 338032244
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T WORTMAN, JOSEPH 5063 WINDOVER LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S SMITH, CHARLES 1050 LAKE HOLLINGSWORTH DR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MELLO, MATTHEW G 3855 S FLORIDA AVE LAKELAND, FL 338131109
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)(f), 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 B. Wortman* **JOSEPH B. WORTMAN, Treasurer** *3/29/05 863 646-3552*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #