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Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000002663 (3)

1. Corporation Name

ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, IN  
C.

Principal Place of Business

Mailing Address

820 MARCUM RD.  
LAKELAND FL 33809P.O. BOX 90164  
LAKELAND FL 33804-0164

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1993		3a. Date of Last Report 03/04/1996	
21		26		4. FEI Number 59-3225794		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

PARKS, JOHN P  
%WENDEL, CHRITTON & PARKS, CHARTERED  
5300 S. FLORIDA AVE.  
LAKELAND FL 33813

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	QUINN, PETER	1.2 NAME	CUNNINGHAM, VIANNEY REV. T.O.R.
STREET ADDRESS	820 MARCUM ROAD	1.3 STREET ADDRESS	820 MARCUM ROAD
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND FL
TITLE	VSTD	2.1 TITLE	
NAME	UNSER, LOREN	2.2 NAME	
STREET ADDRESS	4747 NORTH ROAD 33, LOT 312	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	THOMPSON, JOHN	3.2 NAME	
STREET ADDRESS	1311 HAMMOCK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	LAUSELL, CATHY	4.2 NAME	
STREET ADDRESS	6135 CHAROLIAS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	GILLEN, MATHHEW	5.2 NAME	
STREET ADDRESS	1135 W. GREENWOOD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

REV. VIANNEY CUNNINGHAM T.O.R.

JANUARY 2, 1997

(941) 858-8047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052697

CR2E037 (9/96)