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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

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1. Corporation Name

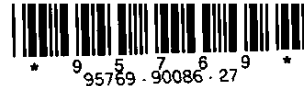
ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, IN
C. ST. ANTHONY CATHOLIC CHURCH

Principal Place of Business

820 MARCUM RD.
LAKELAND FL 33809

Mailing Address

P.O. BOX 90164
LAKELAND FL 33804



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. BOX 90164
Suite, Apt. #, etc.

27 City & State

28 Lakeland, FL

29 Zip Country

30 33804

Country

USA

3. Date Incorporated or Qualified

06/15/1993

4. FEI Number

59-3225794

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 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

10. Name and Address of New Registered Agent

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 PD
NAME CUNNINGHAM, VIANNEY REV. T
STREET ADDRESS 820 MARCUM ROAD
CITY-ST-ZIP LAKELAND FL

TITLE D
NAME PATRICK, MICHAEL (SISTE
STREET ADDRESS 820 MARCUM RD
CITY-ST-ZIP LAKELAND FL 33809

TITLE VD
NAME THOMPSON, JOHN
STREET ADDRESS 1311 HAMMOCK DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE SD
NAME LAUSELL, CATHY
STREET ADDRESS 6135 CHAROLIAS DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE TD
NAME GILLEN, MATHHEW
STREET ADDRESS 1135 W. GREENWOOD
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Cunningham, Vianney Rev. J.
1.3 STREET ADDRESS 820 Marcum Rd.
1.4 CITY-ST-ZIP Lakeland, FL.

2.1 TITLE
2.2 NAME Patrick, Michael (Sister)
2.3 STREET ADDRESS 820 Marcum Rd.
2.4 CITY-ST-ZIP Lakeland, FL. 33809

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

1-8-99 (941) 858-28047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Vianney Cunningham, T.O.R., President

Date

Daytime Phone #

CR2E037 (11/98)