

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002663

FILED
May 25, 2004
Secretary of State

Entity Name: ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, INC.

Current Principal Place of Business:

820 MARCUM RD.
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 90164
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 59-3225794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL CHRITTON PKS & DEBARI CHARTERED
5300 S. FLORIDA AVE.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIGLIO, MICHAEL E
Address: 820 MARCUM RD
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: KOLAD, JOSEPH
Address: 7704 HUBERSTAN DR.
City-St-Zip: LAKELAND, FL 33810

Title: SD () Delete
Name: LAUSELL, CATHY
Address: 6135 CHAROLIAS DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: TD () Delete
Name: GILLEN, MATHHEW
Address: 1851 WESTMINSTER COURT
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: SHEELER, LYNN
Address: 7619 BRIAN LOOP ROAD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GILLEN, MATHHEW
Address: 4295 AUDUBON OAKS CIRCLE #201
City-St-Zip: LAKELAND, FL 33809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW GILLEN

TD

05/25/2004

Electronic Signature of Signing Officer or Director

Date