2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002663

FILED Apr 28, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 820 MARCUM RD. LAKELAND, FL 33809 **Current Mailing Address: New Mailing Address:** P.O. BOX 90164 LAKELAND, FL 33804 FEI Number: 59-3225794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: J. O'BRIEN, FR. NICHOLAS PASTOR, ST. ANTHONY CHURCH 820 MARCUM ROAD LAKELAND, FL 33809 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition J. OBRIEN, FR. NICHOLAS Name: Name: 820 MARCUM RD Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: (X) Change () Addition KOLAD, JOSEPH Name: KOLAD, JOSEPH Name: Address: 7704 HUBERSTAN DR. Address: 7704 HABERSHAM DR City-St-Zip: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33810 Title: () Delete Title: DS (X) Change () Addition LAUSELL, CATHY LAUSELL, CATHY Name: Name: 6135 CHAROLIAS DRIVE 6135 CHAROLIAS DRIVE Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33810 Title: () Delete Title: (X) Change () Addition Name: KOLAD, JOE Name: EVERHART, JOHN A 7704 HABERSHAM DRIVE 7849 HABERSHAM DR Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33810 Title: () Delete Title: (X) Change () Addition SHEELER, LYNN KALIL, VIRGINIA Name: Name: 7619 BRIAN LOOP ROAD 4022 ROLLING OAK DR Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33810 () Change (X) Addition Title: () Delete Title: KAUPER, AL Name: Name: Address: Address: 7211 CENTERHILL DR LAKELAND, FL 33809 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NICHOLAS J. O'BRIEN P 04/28/2006