

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90016 032 \*\*\*\*61.25

**DOCUMENT # N93000002663**

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



Principal Place of Business  
**820 MARCUM RD.  
LAKELAND, FL 33809**

Mailing Address  
**820 MARCUM RD  
LAKELAND, FL 33809**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3225794**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**J. O'BRIEN, FR. NICHOLAS  
PASTOR, ST. ANTHONY CHURCH  
820 MARCUM ROAD  
LAKELAND, FL 33809**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **J. OBRIEN, FR. NICHOLAS**  
STREET ADDRESS **820 MARCUM RD**  
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **DT** ☐ Delete  
NAME **KOLAD, JOSEPH**  
STREET ADDRESS **7704 HABERSHAM DR**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **DS** ☐ Delete  
NAME **LAUSELL, CATHY**  
STREET ADDRESS **6135 CHAROLIAS DRIVE**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **D** ☐ Delete  
NAME **EVERHART, JOHN A**  
STREET ADDRESS **7849 HABERSHAM DR**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **D** ☐ Delete  
NAME **KALIL, VIRGINIA**  
STREET ADDRESS **4022 ROLLING OAK DR**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **D** ☐ Delete  
NAME **KAUPER, AL**  
STREET ADDRESS **7211 CENTERHILL DR**  
CITY-ST-ZIP **LAKELAND, FL 33809**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition  
NAME **WILLIAM L. SMITH**  
STREET ADDRESS **7879 REMINGTON OAKS DR.**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **D** ☐ Change ☐ Addition  
NAME **JULIANNE BICKFORD**  
STREET ADDRESS **7910 NORTH CAMPBELL ROAD**  
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **D** ☐ Change ☐ Addition  
NAME **JANET PEDDECORD**  
STREET ADDRESS **2306 WALDEN PLACE NORTH**  
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☐ Change ☐ Addition  
NAME **SWEN E. HALL**  
STREET ADDRESS **4218 MATHER RD. WEST**  
CITY-ST-ZIP **KATHLEEN, FL 33849**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERT BEATY**  
STREET ADDRESS **6225 DEAN STILL RD.**  
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Cathy Lausell*

**CATHY LAUSELL DS**

**01/23/2008 863-858-8047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #