

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38638

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC2213048627**

**Entity Name:** ST. JOSEPH EDUCATION ENDOWMENT FUND, INC.

**Current Principal Place of Business:**

ST. JOSEPH CHURCH  
532 AVE. M., N.W.  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

ST. JOSEPH CHURCH  
532 AVE. M., N.W.  
WINTER HAVEN, FL 33881

**FEI Number: 59-3069931**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAILEY, JANE  
ST. JOSEPH CHURCH  
532 AVE. M., N.W.  
WINTER HAVEN, FL 33881 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: JANE BAILEY**

**04/23/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name VERRILL, PETER  
Address 305 HAMILTON SHORE DR. NE  
City-State-Zip: WINTER HAVEN FL 33881

Title TD  
Name NEAL, DAVID  
Address 1050 LAKE HAMILTON DR.,W  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name MURRELL, PATRICIA  
Address PO BOX 832  
City-State-Zip: LAKE WALES FL 33859

Title D  
Name FORTENBERRY, RAWLS  
Address 9475 WATERFORD OAKES DR.  
City-State-Zip: WINTER HAVEN FL 33884

Title D  
Name MOULTON, GARY  
Address 642 POPE AVE NW  
City-State-Zip: WINTER HAVEN FL 33881

Title PD  
Name CABRISOS, CROMWELL  
Address ST. JOSEPH CHURCH  
532 AVE. M., N.W.  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name COSTELLO, WILLIAM  
Address 1501 LEGENDS BLVD.  
City-State-Zip: CHAMPIONS GATE FL 33896

Title D  
Name CARDEN, ROBERT  
Address 60 FOURTH STREET, S.W.  
City-State-Zip: WINTER HAVEN FL 33880

*I hereby 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 all other like empowered.*

**SIGNATURE: GARY MOULTON**

**D**

**04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date