

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38638

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

**FILED**  
**Mar 16, 2021**  
**Secretary of State**  
**2750375809CC**

**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:**

VERRILL, PETER  
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: PETER VERRILL**

**03/16/2021**

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 TREASURER  
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 PRESIDENT  
Name VARGHESE, JIMSON  
Address ST. JOSEPH CHURCH  
532 AVE. M., N.W.  
City-State-Zip: WINTER HAVEN FL 33881

Title D  
Name EDWARDS, LAMAR  
Address 15 W LAKE HAMILTON CIRCLE  
City-State-Zip: WINTER HAVEN FL 33881

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

Title D  
Name REYES, CHRISTINE  
Address 532 AVENUE M, N.W.  
City-State-Zip: WINTER HAVEN FL 33881

*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: PETER VERRILL**

**SECRETARY**

**03/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date