

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.**  
**AMOUNT DUE ON OR BEFORE 6/30/99: \$198 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN -9 AM 9:17

**DOCUMENT # 726913 (7)**

1. Corporation Name  
**ST. VINCENT DEPAUL SOCIETY CONFERENCE OF ST. MARTHA'S PARISH, INC.**

Principal Place of Business      Mailing Address  
 512 S ORANGE AVE      512 S ORANGE AVE  
 SARASOTA FL 34236-7502      SARASOTA FL 34236-7502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/10/1973</b>	3a. Date of Last Report <b>01/31/1994</b>
4. FEI Number <b>59-1730087</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**BROWNING, GEORGE III  
 48 N WASHINGTON BLVD UNIT 27  
 SARASOTA FL 34236**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MCNABB, DOROTHY DECEASED
STREET ADDRESS	2608 BROWNING ST
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	NOBILE, STEPHEN E
STREET ADDRESS	4871 CHANDLERS FORDE
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	TD
NAME	WOSTKUN, JANINE
STREET ADDRESS	5020 PALM AIRE DR
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	M
NAME	CLAIRE, GILBERT
STREET ADDRESS	852 SIESTA DRIVE
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	TD
NAME	JOHNSON, CHARLOTTE
STREET ADDRESS	3842 COPENHAGEN STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	MCCALLUM, EDWARD
STREET ADDRESS	3700 500TH OSPREY, APT 308
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROSEMARY O'BRIEN
13 STREET ADDRESS	601 LONGBOAT CLUB ROAD
14 CITY-ST-ZIP	SARASOTA, FL. 34229
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen E. Nobile      STEPHENE E. NOBILE      6/6/95      911-371-8780  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (3/95)