## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

726913

## ST. VINCENT DEPAUL SOCIETY CONFERENCE OF ST. MAR THA'S PARISH, INC.

Principal Place of Business Mailing Address

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**FILED** 

Feb 13 1997 8:00am

Secretary of State

512 S ORANGE A   SARASOTA FL 34		512 S ORANGE AVE SARASOTA FL 34236-7502					
					3. Date Incorporated or Qualified 07/10/1973	3a. Date of Last Rep 02/07/1996	ort 3
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Appli	ed For
21		26			59-1730087		pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>a</b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 M	
23		28			Trust Fund Contribution	Added to I	
<b>Ζ</b> •ρ	Country	Zip	p Country		8. This corporation has liability for		
24	25	29	30			Yes Mo	
ļ	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
22212	·.			Name			
	G, GEORGE III		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
1	46 N WASHINGTON BLVD UNIT 27 SARASOTA FL 34236			<u> </u>			
SANASUIA	M FL 34230						
			84	City		FL 85 Zip Co	de
11. Pursuant to	the provisions of Sections 617.05	02 and 617.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the pation's board of directors. I hereby acce	purpose of changing its r	egistered
agent. I am	familiar with, and accept the oblig	ations of, Section 617.0503, Fig	rida Statute	is.	tion's board of directors, I hereby accep	of the appointment as re-	Bigralan
SIGNATURE							
Sig	nature, typed or printed name of registered ag			ent eignature requi	red when reinstating)	DATE DIPEOTORS	
12.	DEFICERS AN	ID DIRECTORS  DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Addition
NAME	O'BRIEN, ROSEMARY	E Deter	1.2 NAME		DITREAS.		ן ייטוויטטיג נ
STREET ADDRESS	601 LONGBOAT CLUB RD		1	TADDRESS 3	STER CATHERINE GENT	,	İ
CITY-ST-ZIP	SARASOTA FL		1.4 CiTY -	CT 710	7 50 REXANNE BLYD. ARASOTO, FL 34235	i	
TITLE	PD	DELETE	2.1 TITLE	3)*ZIF 33 1	HILK 36 (8 ) FC. 31 F 33	Change	Addition
NAME	NOBILE, STEPHEN E		2.2 NAME	Ì			_ 
STREET ADDRESS	4671 CHANDLERS FORDE		2.3 STREE	T ADDRESS			ŀ
CITY-ST-ZIP	SARASOTA, FL 00000		2. 4 CITY	-ST-ZIP	:		·
TITLE	TD	DELETE	3.1 TITLE		_	☐ Change	Addition
NAME	WOSTKUN, JANINE		3.2 NAME		•		
STREET ADDRESS	5020 PALM AIRE DR		3.3 STREE	T ADDRESS			l
CITY-SY-ZIP	SARASOTA, FL 00000		3.4. CITY				
TITLE	M	<b>₽</b> DELETE	4.1 TITLE	1	<del>-</del> ''	Change	Addition
NAME	CLAIRE, GILBERT	4	4, 2 NAM	. 1	DA ZLENEY Z		[
STREET ADDRESS	852 SIESTA DRIVE	,			750 BEN FLANKLIN DE.		
CITY-ST-ZIP	SARASOTA, FL 00000	IZ DELETE	4.4 CITY-	ST-ZIP 3	ARASOTO. FL . 34236	L Change	Addition
TITLE	TD Johnson, Charlotte	FIXT DEFETE	5.1 TITLE 5.2 NAME	$\mathbb{Q}$	DTHER PATRICK WILES		TIONSOUL
NAME STREET ADDRESS	3642 COPENHAGEN STREE	т			L8 GOLDEN GATE POIN		
	SARASOTA FL	' /	5.4 CITY -		eaply , and ala		İ
CITY-ST-ZIP	D .	<b>I</b> ✓ DELETE	6.1 TITLE	SI-ZIP 3			Addition
NAME	MCCALLUM, EDWARD		6.2 NAME		PATRICIA, MANSON,		_
STREET ADDRESS	3700 500TH OSPREY, APT	306			13 12 71 2 STREET W		
				· · · · · · · · · · · · · · · · · · ·	a	T	

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.