

**2002 UNIFORM BUSINESS REPORT (UBR)**

2/4

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90253 002 \*\*\*\*61.25

**DOCUMENT # 726913**  
 1. Entity Name  
**ST. VINCENT DEPAUL SOCIETY CONFERENCE OF ST. MARTHA'S PARISH, INC.**

Principal Place of Business <b>512 S ORANGE AVE SARASOTA FL 34238-7502</b>	Mailing Address <b>512 S ORANGE AVE SARASOTA FL 34238-7502</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-1730087</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**BROWNING, GEORGE III**  
**46 N WASHINGTON BLVD UNIT 27**  
**SARASOTA FL 34238**

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.  
 SIGNATURE *David Comeau* DATE *JAN 17, 2002*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME SM COMEAU, YVE	STREET ADDRESS 2587 GLEBE FARM CLOSE	CITY-ST-ZIP SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME P COMEAU, DAVID E	STREET ADDRESS 2587 GLEBE FARM CLOSE	CITY-ST-ZIP SARASOTA FL 34235 <input type="checkbox"/> Delete
TITLE NAME D HUNT, LEO	STREET ADDRESS 3852 WOLVERINE ST	CITY-ST-ZIP SARASOTA, FL 00000 34232 <input type="checkbox"/> Delete
TITLE NAME D STEVENS, KAY	STREET ADDRESS 1750 BEN FRANKLIN DRIVE	CITY-ST-ZIP SARASOTA, FL 00000 <input type="checkbox"/> Delete
TITLE NAME D WILSON, BROTHER PATRIC	STREET ADDRESS 128 GOLDEN GATE POINT	CITY-ST-ZIP SARASOTA FL <input checked="" type="checkbox"/> Delete
TITLE NAME D Tom HEFFERNAN	STREET ADDRESS 4585 LINDSMERE	CITY-ST-ZIP SARASOTA FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: *David Comeau* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JAN 17, 2002* *94-953-5477*  
Date Daytime Phone #

CR2E037 (8/01)