


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 726913 1. Entity Name ST. VINCENT DEPAUL SOCIETY CONFERENCE OF ST. MARTHA'S PARISH, INC.	
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Principal Place of Business 512 S ORANGE AVE SARASOTA, FL 34236-7502	Mailing Address 512 S ORANGE AVE SARASOTA, FL 34236-7502
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04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1730087	Applied For Not Applicable
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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 34236

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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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM COMEAU, YVE 2587 GLEBE FARM CLOSE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMEAU, DAVID E 2587 GLEBE FARM CLOSE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNT, LEO 3852 WOLVERINE ST SARASOTA, FL 00000, 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, KAY 1750 BEN FRANKLIN DRIVE SARASOTA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000514150
04/23/06-80159-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/13/06 912-954-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #