


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1730087 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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 | D 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 | S HUNT, LEO 3852 WOLVERINE ST SARASOTA, FL 34232 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T STEVENS, KAY 1750 BEN FRANKLIN DRIVE SARASOTA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BRONNING, III, GEORGE 46 N. WASHINGTON BLVD UNIT 27 SARASOTA, FL 34236 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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 02/08/08-80011-002 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 E Comeau **1/28/08** **941-953-5477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #