2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 08:00 AM Secretary of State

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1. Entity Name

ST. VINCENTDE PAUL SOCIETY NAPLES DISTRICT COUNCIL, INC.



Principal Place of Business

3190 DAVIS BLVD. NAPLES, FL 33942-4343 Mailing Address

2874 DAVIS BLVD. NAPLES, FL 34104

US



DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-1711287

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, CAROLYN S 7680 MEADOW LAKES DR #1 NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

the obligation	named entity submits this statement for the policy of registered agent. Carolyn Signature, typed or printed name of registered agent and title.	S.Henry E	х.	Di	gistered agent, or bot rector	h, in the State of Florida. I am familiar with, and accept $04/07/04$		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PT ASHE, DONALD 1845 SEVILLE BLVD #621 NAPLES, FL 34109 VPT					0000s0107727		
NAME STREET ADDRESS CITY ST-ZIP	MARKUNAS, MARIE 1424 MONARCH CIRCLE NAPLES, FL 34116					04/69/04-80026-018-81.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT ANTI, ARTHUR W 23641 WATERSIDE DR BONITA SPRINGS, FL 34134				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXS HENRY, CAROLYN S 7680 MEADOW LAKES DR #1 NAPLES, FL 34104				IN	THIS SPACE		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I jurther 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 feediver 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 attagriment with an address/ with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Carolyn S.Henry

Ex.Director

04/07/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oale

Daytime Phone #