

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90538 027 \*\*\*\*61.25

**DOCUMENT # 737756**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1711287**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRELL, MARION J.  
425 15TH ST. N.W.  
NAPLES FL 33964**

Name  
**Carolyn S. Henry**

Street Address (P.O. Box Number is Not Acceptable)

**7680 Meadow Lakes Dr. #1**

City  
**Naples**

**FL**

Zip Code  
**34104**

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

*Carolyn S. Henry* **EXECUTIVE DIRECTOR/SECRETARY**

DATE  
**1/15/03**

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT**  Delete  
NAME **MILLS, LARRY**  
STREET ADDRESS **3400 #9 FROSTY WAY**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **PT**  Change  Addition  
NAME **Donald G. Ashe**  
STREET ADDRESS **1845 Seville Blvd. #621**  
CITY-ST-ZIP **Naples FL. 34109**

TITLE **VPT**  Delete  
NAME **MARKUNAS, MARIE**  
STREET ADDRESS **1424 MONARCH CIRCLE**  
CITY-ST-ZIP **NAPLES FL 34116**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TT**  Delete  
NAME **RUSSELL, JOSEPH**  
STREET ADDRESS **4659 ASHTON CT**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **TT**  Change  Addition  
NAME **Arthur W. Anti**  
STREET ADDRESS **23641 Waterside Dr.**  
CITY-ST-ZIP **Bonita Springs, FL. 34134**

TITLE **EXS**  Delete  
NAME **MARION J. MERRELL**  
STREET ADDRESS **425 15TH ST. N.W.**  
CITY-ST-ZIP **NAPLES FL**

TITLE **EXS**  Change  Addition  
NAME **Carolyn S. Henry**  
STREET ADDRESS **7680 Meadow Lakes Dr. #1**  
CITY-ST-ZIP **Naples, FL. 34104**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Carolyn S. Henry* **CAROLYN S. HENRY** 1/15/03 (209) 775-1667

CR2E037 (1/0/02)