FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13580** **(8)**

1. Corporation Name

SOCIETY OF ST. VINCENT DE PAUL OZANAM DISTRICT COUNCIL-PASCO INC.

Principal Place of Business	Mailing Address
7944 GRAND BLVD. PORT RICHEY FL 34668 US	P.O. BOX 253 PORT RICHEY FL 3467--253 US

3. Date Incorporated or Qualified: **02/25/1986**
3a. Date of Last Report: **01/30/1995**

4. FEI Number: **59-2905349** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 7944 Grand BLVD
Suite, Apt. #, etc.
22 [illegible]
City & State
23 Port Richey FL
Zip 24 3466 Country 25 USA

2a. Mailing Address
26 P.O. Box 253
Suite, Apt. #, etc.
27
City & State
28 Port Richey FL
Zip 29 34673-0253 Country 30 USA

9. Name and Address of Current Registered Agent

BIRMINGHAM, JOHN M.
7025-1 COGNAC DR
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: NOT APPLICABLE (Required: Typed or printed name of registered agent and title if applicable) (Note: Registered Agent's signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, DENNIS		1.2 NAME	
STREET ADDRESS	2425 EVERGREEN LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BIRMINGHAM, JOHN M.		2.2 NAME	
STREET ADDRESS	7025-1 COGNAC DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LONIGAN, LARRY		3.2 NAME	
STREET ADDRESS	4234 REVERE CIR		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	[illegible]		4.2 NAME	
STREET ADDRESS	[illegible]		4.3 STREET ADDRESS	
CITY-ST-ZIP	[illegible]		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] JOHN M BIRMINGHAM 1/20/96 (813)849-9268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)