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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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.<br>PORT RICHEY FL 34668<br>US | P.O. BOX 253<br>PORT RICHEY FL 34673-0253<br>US |

3. Date Incorporated or Qualified: 02/25/1986
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business
21: 7944 GRAND BLVD
22 Suite, Apt. #, etc.: ENTIRE BLDG
23 City & State: PORT RICHEY, FL
24 Zip: 34668
25 Country: USA

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

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

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | VD | ☐ DELETE | 1.1 TITLE | PD. ☒ Change ☐ Addition |
| NAME | HOLT, DENNIS | | 1.2 NAME | HOLT, DENNIS |
| STREET ADDRESS | 2425 EVERGREEN LANE | | 1.3 STREET ADDRESS | 23647 WOODGLEN AVE |
| CITY-ST-ZIP | LUTZ FL | | 1.4 CITY-ST-ZIP | LAND O' LAKES FL. 34647 |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | VP ☐ Change ☐ Addition |
| NAME | BIRMINGHAM, JOHN M. | | 2.2 NAME | MARY CLAY |
| STREET ADDRESS | 7025-1 COGNAC DR | | 2.3 STREET ADDRESS | 5022 BROOKSIDE LANE |
| CITY-ST-ZIP | NEW PORT RICHEY FL | | 2.4 CITY-ST-ZIP | NEW PORT RICHEY FL 34653 |
| 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 | PIVETTE, ROBERT | | 4.2 NAME | |
| STREET ADDRESS | 4823 BOONESBORO CT | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | | 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 | |

CR2E037 (9/96)

14. I do 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 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:** Dennis E. Holt REQUIRED 1-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068427