2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-12-2004 90021 038 ****61.25

DOCUMENT # N13580

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

Principal Place of Business	Mailing Address
7944 GRAND BLVD. ENTIRE BLDG PORT RICHEY, FL 34668 US	P.O. BOX 253 PORT RICHEY, FL 34673-0253 US

66430420

07022004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

MCCOY, EDWARD A
7944 GRAND BLVD
PORT RICHEY, FL 34668

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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 EDWARD A. McCOY E.A. McCoy 7/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCOY, EDWARD
STREET ADDRESS	8416 ELGIN DR.
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	MONTGOMERY, GEORGE A
STREET ADDRESS	9058 ARUNDLE PLACE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	TD
NAME	NOLFE, MARY JANE
STREET ADDRESS	14116 ROLLER LANE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	SD
NAME	MORGAN, KATHLEEN
STREET ADDRESS	16825 CAMILLE ST
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VPD
NAME	JOPSEPH, YGLESIES
STREET ADDRESS	23768 OAKSIDE AVE.
CITY-ST-ZIP	LUTZ, FL 33559
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: George A. Montgomery 20 July 2004 727-845-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #