

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90067 043 ****61.25

DOCUMENT # N13580

1. Entity Name

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



Principal Place of Business

**7944 GRAND BLVD.
ENTIRE BLDG
PORT RICHEY FL 34668
US**

Mailing Address

**P.O. BOX 253
PORT RICHEY FL 34673-0253
US**

40020108



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

8014 SR 52

City & State

City & State

Hudson, FL

4. FEI Number

59-2905349

Applied For

Not Applicable

Zip

Country

Zip

Country

34667

USA

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE PD ☐ Delete
NAME MCCOY, EDWARD
STREET ADDRESS 8416 ELGIN DR.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Delete
NAME MONTGOMERY, GEORGE A
STREET ADDRESS 9058 ARUNDLE PLACE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE TD ☐ Delete
NAME NOLFE, MARY JANE
STREET ADDRESS 14116 ROLLER LANE
CITY-ST-ZIP HUDSON FL 34667

TITLE SD ☐ Delete
NAME MORGAN, KATHLEEN
STREET ADDRESS 16825 CAMILLE ST
CITY-ST-ZIP HUDSON FL 34667

TITLE VPD ☐ Delete
NAME JOPSEPH, YGLESIES
STREET ADDRESS 23768 OAKSIDE AVE.
CITY-ST-ZIP LUTZ FL 33559

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Wolfe, Mary Jane
STREET ADDRESS
CITY-ST-ZIP *Misspelling of name*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Yglesias, Joseph
STREET ADDRESS
CITY-ST-ZIP *Misspelling of name*

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:

Kathleen J. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 727-819-0849
Date Daytime Phone #