

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

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

01-21-2003 90036 043 ****61.25

DOCUMENT # N13580

1. Entity Name

**SOCIETY OF ST. VINCENT DE PAUL OZANAM DISTRICT C
OUNCIL-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**

90005408



☒ CHECK HERE IF MAKING CHANGES

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 **59-2905349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLT, DENNIS
7944 GRAND BLVD
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name

McCoy, Edward A

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

7944 Grand Ave

City

Port Richey

FL

Zip Code
34668

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

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 **PD**
NAME **HOLT, DENNIS** ☒ Delete
STREET ADDRESS **23647 WOODGLEN AVE**
CITY-ST-ZIP **LAND O'LAKES FL**

TITLE **PD**
NAME **McCoy, Edward** ☐ Change ☒ Addition
STREET ADDRESS **8416 Elgin Dr**
CITY-ST-ZIP **Port Richey, FL 34668**

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

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

TITLE **TD**
NAME **LONIGAN, LARRY** ☒ Delete
STREET ADDRESS **4234 REVERE CIR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD**
NAME **Wolfe, Mary Jane** ☐ Change ☒ Addition
STREET ADDRESS **14116 Roller Lane**
CITY-ST-ZIP **Hudson, FL 34667**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD**
NAME **Yglesias, Joseph** ☐ Change ☒ Addition
STREET ADDRESS **33768 Oakside Ave**
CITY-ST-ZIP **Lutz, FL 33559**

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:

EDWARD A. MCCOY, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 727-819-0849

CR2E037 (10/02)