2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N97000005098

Entity Name: ST. VINCENT'S SOCIAL WORKS FOUNDATION SUPPORT COMMITTE, INC.

Current Principal Place of Business:

10421 SW 87 CT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10421 SW 87 CT
MIAMI, FL 33176

New Mailing Address:

FEI Number: 31-1581964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORES, MABEL
10421 SW 87 CT
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FLORES, MABEL
Address: 10421 SW 87 CT
City-St-Zip: MIAMI, FL 33176

Title: DVP (X) Delete
Name: VISCOVICH, RICARDO
Address: 10421 SW 87 CT
City-St-Zip: MIAMI, FL 33176

Title: DS (X) Delete
Name: DEL RIO, ANA B
Address: 10421 SW 87 CT
City-St-Zip: MIAMI, FL 33176

Title: DPR (X) Delete
Name: CRISTIAN, NAUGHTON
Address: 10421 S.W. 87 CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MABEL FLORES D 04/30/2005

Electronic Signature of Signing Officer or Director — Date