

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003147

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** SOCIETY OF ST. VINCENT DE PAUL OF HIGHLANDS COUNTY, INC.

**Current Principal Place of Business:**

200 CIRCLE PARK DR  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3580  
SEBRING, FL 338713580

**New Mailing Address:**

**FEI Number:** 65-0794447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MERCURE, LARRY  
4600 COD AVE.  
SEBRING, FL 33870 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: VD ( ) Delete  
Name: THIEME, ROBERT  
Address: 180 SHEPPARD TRAIL  
City-St-Zip: SEBRING, FL 33875

Title: TD ( ) Delete  
Name: MERCURE, DEBBIE  
Address: 4660 COD AVE  
City-St-Zip: SEBRING, FL 33870

Title: PD ( ) Delete  
Name: MERCURE, LARRY  
Address: 4660 COD AVE  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: FUZZARD, JEAN  
Address: 2523 DAVIS CR  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: THIEME, CAROLYN  
Address: 180 SHEPPARD TRAIL  
City-St-Zip: SEBRING, FL 33875

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEBBIE MERCURE

TD

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date