#### above, or on an attachment with all other like empowered. SIGNATURE: KIMBERLY SCHUL

Electronic Signature of Signing Officer/Director Detail

#### Entity Name: ST. VINCENT DE PAUL SOCIETY NAPLES DISTRICT COUNCIL, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

# **Current Principal Place of Business:**

4451 MERCANTILE AVE NAPLES, FL 34104

DOCUMENT# 737756

REPORT

### **Current Mailing Address:**

4451 MERCANTILE AVE. NAPLES, FL 34104 US

### FEI Number: 59-1711287

# Name and Address of Current Registered Agent:

SCHMITT, R. BARRIE 575 BLACK BEAR RD. NAPLES, FL 34113 US

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	E: R. BARRIE SCHMITT		07/20/2021	ĺ
	Electronic Signature of Registered Agent		Date	_
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	GRANDA, JOSE	Name	FLYNN, MICHELLE	
Address	831 PARTRIDGE CT	Address	1065 BORGHESE LN UNIT U-1901	
City-State-Zip:	MARCO ISLAND FL 34145	City-State-Zip:	NAPLES FL 34114	
Title	EXECUTIVE DIRECTOR	Title	TREASURER	
Name	SCHUL, KIMBERLY A	Name	TETTE, TOM	
Address	27335 JOLLY ROGER LANE	Address	784 WIGGINS BAY DR	
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	NAPLES FL 34110	
Title	SECRETARY	Title	FIRST VICE PRESIDENT	
Name	SCHMITT, BARRIE	Name	MONTICELLI, CARL	
Address	575 BLACK BEAR RD.	Address	5135 CEDAR SPRINGS DR. 201	
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34110	

I hereby 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

> 07/20/2021 EXECUTIVE DIRECTOR

Date

# FILED Jul 20, 2021 Secretary of State 4974508706CC

Certificate of Status Desired: Yes