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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 709311

1. Corporation Name

**THE PARTICULAR COUNCIL OF SAINT VINCENT DE PAUL
 SOCIETY OF PENSACOLA, FLORIDA, INC.**

Principal Place of Business

2200 W. DE SOTO ST
 PENSACOLA FL 32505
 US

Mailing Address

P.O. Box 30433
 1415 E. LA RUA STREET
 PENSACOLA FL 32504 **32503-1433**
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/14/1965

4. FEI Number

59-2374931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

MCDONALD, BRUCE A
4300 BAYOU BLVD.
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **PD GODWIN, AL**
 STREET ADDRESS **4571 TERRASANTA**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ DELETE
 NAME **VD HALL, JOHN**
 STREET ADDRESS **1617 E. GADSDEN ST.**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE
 NAME **TD RITZ, EDITH B**
 STREET ADDRESS **1415 E. LA RUA STREET**
 CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE
 NAME **SD BROWN, CAROLYN**
 STREET ADDRESS **400 WINTON AVE**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
 1.2 NAME **GREGORY V. PETERSON**
 1.3 STREET ADDRESS **9480 NORTH POINT BLVD.**
 1.4 CITY-ST-ZIP **PENSACOLA, FL 32514**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 2.2 NAME **BRUCE MC DONALD**
 2.3 STREET ADDRESS **4300 BAYOU BLVD.**
 2.4 CITY-ST-ZIP **PENSACOLA, FL 32503**

3.1 TITLE **TREASURER** ☒ Change ☐ Addition
 3.2 NAME **OLIN D. ROGERS**
 3.3 STREET ADDRESS **712 UNDERWOOD AVE. # 7025**
 3.4 CITY-ST-ZIP **PENSACOLA, FL 32504**

4.1 TITLE **SECRETARY** ☐ Change ☐ Addition
 4.2 NAME **CAROLYN BROWN**
 4.3 STREET ADDRESS **400 WINTON AVE**
 4.4 CITY-ST-ZIP **PENSACOLA, FL 32507**

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **K. A. ROGERS** (850) **477-7244**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)