

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 710724

FILED  
Oct 30, 2006  
Secretary of State

**Entity Name:** ST. VINCENT DE PAUL SOCIETY OF INDIAN RIVER COUNTY, INCORPORATED

**Current Principal Place of Business:**

1745 14TH AVE  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

1745 14TH AVE  
VERO BEACH, FL 32962

**New Mailing Address:**

**FEI Number:** 59-2356132      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MAIER, PAUL J  
400 18TH ST  
H2  
VERO BEACH, FL 32960 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: PAUL J. MAIER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RETHMAN, MARY LOU  
Address: 1466 32ND AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: V ( ) Delete  
Name: TREILING, KENNETH  
Address: 1726 36TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: V ( ) Delete  
Name: O'CONNER, ROSEMARY  
Address: 1745 14TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: SD ( ) Delete  
Name: TABB, CAROLYN  
Address: 1166 6TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete  
Name: MAIER, PAUL J  
Address: 400 18TH ST H2  
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete  
Name: SMITH, MATT  
Address: 4735 ST JAMES AVE  
City-St-Zip: VERO BEACH, FL 32967

**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:

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 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: MARY LOU RETHMAN

PRES

10/30/2006

Electronic Signature of Signing Officer or Director

Date