

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710724

FILED
Mar 26, 2008
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:

1745 14TH AVE
VERO BEACH, FL 32960 US

Current Mailing Address:

1745 14TH AVE
VERO BEACH, FL 32962

New Mailing Address:

1745 14TH AVE
VERO BEACH, FL 32960 US

FEI Number: 59-2356132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: REYNOLDS, KATHLEEN M
Address: 966 17TH PLACE SW
City-St-Zip: VERO BEACH, FL 32962 US

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

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

Title: SEC () Delete
Name: DOLAN, UNA
Address: 1745 14TH AVENUE
City-St-Zip: VERO BEACH, FL 32960 US

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

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: SEC (X) Change () Addition
Name: DOLAN, UNA
Address: 265 NIEUPORT DRIVE
City-St-Zip: VERO BEACH, FL 32968 US

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: KATHLEEN M. REYNOLDS

PRES

03/26/2008

Electronic Signature of Signing Officer or Director

Date