


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90049 032 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726913**

1. Corporation Name  
**ST. VINCENT DEPAUL SOCIETY CONFERENCE OF ST. MARTHA'S PARISH, INC.**

Principal Place of Business 512 S ORANGE AVE SARASOTA FL 34236-7502	Mailing Address 512 S ORANGE AVE SARASOTA FL 34236-7502
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/10/1973	4. FEI Number 59-1730087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

**BROWNING, GEORGE III**  
**48 N WASHINGTON BLVD UNIT 27**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GENTILE, SISTER CATHERI	
STREET ADDRESS	3950 ROXANNE BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOBILE, STEPHEN E	
STREET ADDRESS	4671 CHANDLERS FORDE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUNT, LEO ---	
STREET ADDRESS	3852 WOLVERINE ST	
CITY-ST-ZIP	SARASOTA, FL 00000 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENS, KAY	
STREET ADDRESS	1750 BEN FRANKLIN DRIVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, BROTHER PATRIC	
STREET ADDRESS	128 GOLDEN GATE POINT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANSON, PATRICIA	
STREET ADDRESS	1312 71ST STREET N.W.	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STORE MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YVE COMEAU	
1.3 STREET ADDRESS	2587 GLOBE FARM CLOSE	
1.4 CITY-ST-ZIP	SARASOTA FL 34235	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID B. COMEAU	
2.3 STREET ADDRESS	2587 GLOBE FARM CLOSE	
2.4 CITY-ST-ZIP	SARASOTA FL 34235	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DAVID B. COMEAU SIGNATURE REQUIRED  
 MARCH 16, 1999 941-953-5477  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0065449 CR2E037 (1-1/98)