FILED
Mar 08, 2007 8:00 am
Secretary of State
01-25-2007 90052 039 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 726913

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

Principal Place of Business	Mailing Address
512 S ORANGE AVE SARASOTA, FL 34236-7502	512 S ORANGE AVE SARASOTA, FL 34236-7502

DO NOT WRITE IN THIS SPACE

01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1730087
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SM
NAME	COMEAU, YVE
STREET ADDRESS	2587 GLEBE FARM CLOSE
CITY-ST-ZIP	SARASOTA, FL 34235
	DIRECTOR
TITLE	P
NAME	COMEAU, DAVID E
STREET ADDRESS	2587 GLEBE FARM CLOSE
CITY-ST-ZIP	SARASOTA, FL 34235
	PRESIDENT
TITLE	TD
NAME	HUNT, LEO
STREET ADDRESS	3852 WOLVERINE ST
CITY-ST-ZIP	SARASOTA, FL 00000, 34232
	SECRETARY
TITLE	D
NAME	STEVENS, KAY
STREET ADDRESS	1750 BEN FRANKLIN DRIVE
CITY-ST-ZIP	SARASOTA, FL 00000,
	TREASURER
TITLE	
NAME	GEORGE BROWNING III
STREET ADDRESS	46 N. WASHINGTON BLVD. UNIT 27
CITY-ST-ZIP	SARASOTA, FL 34236
	DIRECTOR
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David V Comeau 2/12/07 941-953-5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #