## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(9)

ST. VINCENT DEPAUL SOCIETY OF OUR LADY QUEEN OF

**FILED** Feb 09 1998 8:00am Secretary of State

n arbana 16060 inda 90181 indare dania riga riga baran baran birik baran baran baran baran baran

Principal Place of Business	Mailing Address	T TORKIN TROOD THAT BODY 10100 THAT BUDY \$5011 DIGHT BIRN DIGHT BIRN DIGHT BIRN DIGHT BIRN DIGHT BIRN FIRM			
2731 SW 11TH COURT FORT LAUDERDALE FLORIDA 33312	2731 SW 11TH COURT FORT LAUDERDALE FLORIDA 3331	3. Date Incorporated or Qualified  10/01/1974  4. FEI Number Applied For  59-08 16456 Not Applicable			
2. Principal Place of Business	2a. Mailing Address 28	5. Certificate of Status Desired S8.75 Additional Fee Required			
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State	City & State	7. Is this nonprofit corporation a homeowners association?			
Zip Country 25	Zip Co 29 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
NOVAK, GREG 1817 SW 24 AVE FORT LAUDERDALE FLORIDA FL 33312		81 Name  82 Street Address (P.O. Box Number is Not Acceptable)			
		83   84   City   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		13. ADDITIONS/CHANGES TO OFFICERS AND D		ICERS AND DIRECTOR	S IN 12		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition		
NAME	ABBOTT, EDWARD		1.2 NAME					
STREET ADDRESS	2841 SW 8TH STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP					
TITLE	TSD	☐ DELETE	2.1 TITLE		☐ Change	Addition		
NAME	MCDONNELL, KATHLYN, P		2.2 NAME					
STREET ADDRESS	6903 CYPRESS RD PH19		2.3 STREET ADDRESS					
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY - ST - ZIP					
TITLE	VPD	DELETE	3.1 TITLE	VPD STEVE WHITE 1300 S.W. 55 PLANTATION,	Change	Addition		
NAME	Worthen, Floyd		3.2 NAME	STEVE WHITE				
STREET ADDRESS	1305 SW 28TH ROAD		3.3 STREET ADDRESS	1300 S.W. 55	AUGNUE			
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4. CITY - ST - ZIP	PLANTATION,	76 33317	7		
TITLE		☐ DELETE	4.1 TITLE		Change	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CiTY - ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE		Change	Addition		
HAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			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 chapter, or on an attachment with appears.

1/24/98