

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730834

1. Entity Name

ST. VINCENT DEPAUL SOCIETY OF OUR LADY QUEEN OF MARTYRS, INC.

Principal Place of Business

2731 SW 11TH COURT  
FORT LAUDERDALE FL 33312

Mailing Address

2731 SW 11TH COURT  
FORT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0816456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORTHEN, FLOYD  
1305 SW 28 RD  
FORT LAUDERDALE FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ABBOTT, EDWARD	
STREET ADDRESS	2841 SW 8TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	MCDONNELL, KATHLYN, P	
STREET ADDRESS	6903 CYPRESS RD PH19	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HANLON, ED	
STREET ADDRESS	2040 SW 30 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED HANLON	
STREET ADDRESS	2040 S.W. 30 TERR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
TITLE	1ST VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE ROEPKE	
STREET ADDRESS	2425 Whale Harbor Lane	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	2nd VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD WORTHEN	
STREET ADDRESS	1305 S.W. 28 Road	
CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA ROEPKE	
STREET ADDRESS	same address	
CITY-ST-ZIP		
TITLE	TR. P. S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathlyn P. McDonnell	
STREET ADDRESS	6903 cypress Rd PH19	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: KATHLYN P. MCDONNELL

K. P. McDonnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

754

CR2E037 (9/01)