


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 730834	
1. Entity Name	
ST. VINCENT DEPAUL SOCIETY OF OUR LADY QUEEN OF MARTYRS, INC.	

Principal Place of Business	Mailing Address
2731 SW 11TH COURT FORT LAUDERDALE FL 33312	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

1st MOORE CR2E037 (10/05)

4. FEI Number	59-0816456	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WORTHEN, FLOYD 1305 SW 28 RD FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$51.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	S SYLVIA, ROEPKE
STREET ADDRESS	2425 WHALE HARBOR LANE
CITY- ST- ZIP	FORT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	T MCDONNELL, KATHLYN, P
STREET ADDRESS	6903 CYPRESS RD PH19
CITY- ST- ZIP	PLANTATION FL 33317
TITLE	<input type="checkbox"/> Delete
NAME	1VD STEVE, ROEPKE
STREET ADDRESS	2425 WHALE HARBOR LANE
CITY- ST- ZIP	FORT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	P ABBOTT, EDWARD
STREET ADDRESS	2841 SW 8TH ST
CITY- ST- ZIP	FORT 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000493200
STREET ADDRESS	04/19/06-80095-018 61.25
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 exemptions contained in Section 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: _____ **DATE:** 3/15/06