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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731640 (9)

1. Corporation Name

ST. BERNADETTE SOCIETY OF ST. VINCENT DE PAUL, I
NC.

Principal Place of Business

Mailing Address

7450 STIRLING ROAD
HOLLYWOOD FL 330247450 STIRLING ROAD
HOLLYWOOD FL 33024-15133. Date Incorporated or Qualified
01/17/19753a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1580461

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARZILLO, SAVALTORE
801 S.W. 133RD TERRACE #115
PEMBROKE PINES FL 33027

81 Name

COLETTE BOISVERT

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

5032 S. University Dr.

83

84 City Davie

FL

85 Zip Code
33328

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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO ☒ DELETE
NAME ARZILLO, SALVATORE
STREET ADDRESS 801 SW 133RD TERR.
CITY-ST-ZIP PEMBROKE PINES FLTITLE PD ☐ DELETE
NAME GIARDINO, LEANORA
STREET ADDRESS 1710 N.W. 88TH WAY
CITY-ST-ZIP PEMBROKE PINES FLTITLE VD ☒ DELETE
NAME GROSS, LOU
STREET ADDRESS 3777 N.W. 78 AVE. #13E
CITY-ST-ZIP HOLLYWOOD FLTITLE SD ☐ DELETE
NAME ARZILLO, MICHAEL
STREET ADDRESS 3533 BABADOS AVE.
CITY-ST-ZIP COOPER CITY FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME COLETTE BOISVERT
1.3 STREET ADDRESS 5032 S. University Dr.
1.4 CITY-ST-ZIP Davie, FL. 333282.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME FLORENCE MARKLE
3.3 STREET ADDRESS 11886 N.W. 11 St.
3.4 CITY-ST-ZIP Pembroke Pines, FL. 330264.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (954) 432-6300
Date Daytime Phone # 0023756

CP2E037 (9/96)