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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE
		<b>Sandra B. Mortham</b>
		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 33024**

**7450 STIRLING ROAD  
HOLLYWOOD FL 33024**



3. Date Incorporated or Qualified

**01/17/1975**

4. FEI Number

**59-1580461**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

**BOISVERT, COLETTE  
5032 S. UNIVERSITY DR.  
DAVIE FL 33328**

81 Name

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

83

84 City

**FL**

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

*Nancy Becker* - **NANCY BECKER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD  
BOISVERT, COLETTE**  
STREET ADDRESS **5032 S. UNIVERSITY DRIVE**  
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME **PD  
GIARDINO, LEANORA**  
STREET ADDRESS **1710 N.W. 88TH WAY**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME **VD  
MARKLE, FLORENCE**  
STREET ADDRESS **11886 N.W. 11 ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☒ DELETE

NAME **SD  
ARZILLO, MICHAEL**  
STREET ADDRESS **3533 BABADOS AVE.**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **S/D  
Nancy Becker**  
1.2 NAME  
1.3 STREET ADDRESS **5841 SW 53 Terr.**  
1.4 CITY-ST-ZIP **Davie, FL.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address.

SIGNATURE

*Leanora E. Giardino*

**LEANORA E. GIARDINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (1097)