FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4: 18

DOCUMENT # 732203 (5)

1. Corporation Name
DISTRICT COUNCIL OF HOLLYWOOD, SOCIETY OF ST. VI NCENT DE PAUL, INC.

Principal Place of Business: 1090 S. 56TH AVENUE HOLLYWOOD FL 33023

Mailing Address: 1090 S. 56TH AVENUE HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1975
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-1580461 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
MONTEMERLO, FRANK
1220 FILLMORE STR
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent
81 Name: BERNARD DODDO
82 Street Address (P.O. Box Number is Not Acceptable): 9050 PINES BLVD. #383
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bernard Doddo (signature) DATE: 2/14/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIARDINO, LEANORA
STREET ADDRESS	1710 N.W. 88TH WAY
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VD
NAME	BARDSLEY, JAMES
STREET ADDRESS	6840 SW 12 STR
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VDG
NAME	RIGGIO, ANNA
STREET ADDRESS	4830 SW 193RD LANE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	MONTEMERLO, FRANK
STREET ADDRESS	1220 FILLMORE STR
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD
NAME	MARKLE, FLORENCE
STREET ADDRESS	11886 N.W. 11 ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
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	TD	XX Change ☐ Addition
4 2 NAME	BERNARD DODDO	
4 3 STREET ADDRESS	9050 PINES BLVD. #383	
4 4 CITY-ST-ZIP	PEMBROKE PINES FL 33024	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (signature) 2/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Leonora E. Giardino

0030303