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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 732203 (5)

1. Corporation Name

DISTRICT COUNCIL OF HOLLYWOOD, SOCIETY OF ST. VINCENT DE PAUL, INC.

Principal Place of Business

Mailing Address

1090 S. 56TH AVENUE
HOLLYWOOD FL 33023

1090 S. 56TH AVENUE
HOLLYWOOD FL 33023-1902



3. Date Incorporated or Qualified
03/18/1975

3a. Date of Last Report
02/07/1996

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 Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. 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

DODDO, BERNARD
9050 PINES BLVD
#383
PEMBROKE PINES FL 33024

81 Name

HAENEL, Roy

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

9449 SW 52 STREET

83

84 City

COOPER CITY

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 ROY HAENEL TREAS.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME BARDSLEY, JAMES
STREET ADDRESS 6840 SW 12 STR
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VDG
NAME LAVERY, THOMAS V.
STREET ADDRESS 600 THREE ISLANDS BLVD APT 220
CITY-ST-ZIP HALLANDALE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME DODDO, BERNARD
STREET ADDRESS 9050 PINES BLVD #383
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME MARKLE, FLORENCE
STREET ADDRESS 11888 N.W. 11 ST.
CITY-ST-ZIP PEMBROKE PINES FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: LEANORA GIARDINO 3/15/97 954-977-3904

CR2E037 (9/96)