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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732203

1. Corporation Name

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

Principal Place of Business

1090 S. 56TH AVENUE
 HOLLYWOOD FL 33023

Mailing Address

1090 S. 56TH AVENUE
 HOLLYWOOD FL 33023



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/18/1975

4. FEI Number

59-1580461

5. Certificate of Status Desired

Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOMBARDO, JOSEPHINE
20825 NW 9TH CT
#383
NORTH MIAMI FL 33169

10. Name and Address of New Registered Agent

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

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 **PD** DELETE
 NAME **LOMBARDO, JOSEPHINE**
 STREET ADDRESS **20825 NW 9TH CT**
 CITY-ST-ZIP **NORTH MIAMI FL 33169**

TITLE **VD** DELETE
 NAME **SAELENS, JOAN**
 STREET ADDRESS **1132 ADAMS ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **TTD** DELETE
 NAME **GARDNER, JOAN**
 STREET ADDRESS **2791 OAKVIEW WAY**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **TDT** DELETE
 NAME **MARCOUX, GERARD E**
 STREET ADDRESS **3321 SW 38TH ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **SD** DELETE
 NAME **WILLIAMS, NICKIE**
 STREET ADDRESS **464 NE 210 TERR**
 CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE DELETE
 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 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, with all other like empowered.

SIGNATURE:

Signature of Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99

954-983-0062

CR2E037 (11/98)