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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:25

DOCUMENT # **732204** **(3)**

1. Corporation Name

SOCIETY OF SAINT VINCENT DE PAUL PARTICULAR COUNCIL OF CENTRAL BROWARD, INC.

Principal Place of Business	Mailing Address
513 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312-1743	513 WEST BROWARD BOULEVARD FORT LAUDERDALE FL 33312-1743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1975
3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-1580430 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FADGEN, JERRY
19 EAST ACRE DR.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DAHLEM, GEORGE	12 NAME	George P. Dahlem	
STREET ADDRESS	61 NE 26TH COURT	13 STREET ADDRESS	61 N.E. 26th Court	
CITY-ST-ZIP	WILTON MANORS FL	14 CITY-ST-ZIP	Wilton Manor,Fl 33334	
TITLE	VD	21 TITLE	V D	☐ Change ☒ Addition
NAME	~~DUFEK, GLEN~~	22 NAME	Charles Borowy	
STREET ADDRESS	~~4460 NW 6 CT.~~	23 STREET ADDRESS	1344 S.W. 151 Way	
CITY-ST-ZIP	~~PLANTATION FL~~	24 CITY-ST-ZIP	Sunrise, Fl 333126	
TITLE	T	31 TITLE	T D	☒ Change ☐ Addition
NAME	~~SCHWEIGER, CLAIR~~	32 NAME	Clair Schweiger	
STREET ADDRESS	~~437 NW 49 ST.~~	33 STREET ADDRESS	437 N.W. 49 Street	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	34 CITY-ST-ZIP	Fort Lauderdale, Fl 33305	
TITLE	VD	41 TITLE	S D	☐ Change ☒ Addition
NAME	~~DUNNE, ARTHUR~~	42 NAME	Michael Schoenhoft	
STREET ADDRESS	~~8421 NW 29TH ST.~~	43 STREET ADDRESS	770 N.W34 Court	
CITY-ST-ZIP	~~SUNRISE FL~~	44 CITY-ST-ZIP	Oakland Park, Fl 33334	
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	~~DUFFY, JESSIE~~	52 NAME		
STREET ADDRESS	~~7931 SUNSET STRIP~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~SUNRISE FL~~	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: George P. Dahlem March 23, 1995 305 564-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
George P. Dahlem