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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified 03/18/1975  
3a. Date of Last Report 06/20/1996

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 59-1580430 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
LEWIS DESARITZ  
7770 W. OAKLAND PK. BLVD.  
STE. 320  
SUNRISE FL 33317

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 NAME DAHLEM, GEORGE DELETED  
STREET ADDRESS 61 NE 28TH COURT  
CITY-ST-ZIP WILTON MANORS FL  
TITLE VD NAME FRAZEL, BILL DELETED  
STREET ADDRESS 12500 SW 12 ST.  
CITY-ST-ZIP DAVE FL  
TITLE TD NAME KREMP, BARBARA  
STREET ADDRESS 5233 N.E. 1ST TERRACE  
CITY-ST-ZIP FT LAUDERDALE FL  
TITLE DELETED  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P/D  
1.2 NAME Conrad C. Osborne  
1.3 STREET ADDRESS 8361 N.W. 21 Court  
1.4 CITY-ST-ZIP Sunrise, Florida 33322  
2.1 TITLE V/D  
2.2 NAME James McCracken  
2.3 STREET ADDRESS 4220 N.E. 16th Terrace  
2.4 CITY-ST-ZIP Oakland Park, Florida 33334  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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: [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)