

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90019 037 ****61.25

DOCUMENT # 732204

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



Principal Place of Business

1211 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304 US

Mailing Address

1211 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304 US



01132004 : No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-1580430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS DESARITZ
7481 W OAKLAND PARK BLVD
STE 301
SUNRISE, FL 33319

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SHARROW, EDNA
STREET ADDRESS 2308 NW 6TH TERRACE
CITY-ST-ZIP WILTON MANORS, FL 33311

TITLE D
NAME HILL, EVA
STREET ADDRESS 450 NW 34TH AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE D
NAME WYMAN, RAY
STREET ADDRESS 1719 WHITEHILL DRIVE
CITY-ST-ZIP DAVIE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eva M Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

954-583-1136

Daytime Phone #