


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1580430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

Michael O. Taylor  
4952 N. W. 48th. Avenue  
Tamarac, Florida 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARROW, EDNA 2308 NW 6TH TERRACE WILTON MANORS, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, EVA 450 NW 34TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYMAN, RAY 1719 WHITEHILL DRIVE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/05-80053-025 61.25

**DO NOT WRITE 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 1-14-05 954-583-1136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #