

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90184 006 ****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**

40002171



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**TAYLOR, MICHAEL O
4952 NW 48 AVE
FORT LAUDERDALE, FL 33319**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Michael O. Taylor* **Michael O. Taylor** **01-09-2007**
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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **Beverly Collum**
STREET ADDRESS **10405 Sunrise Lake Blvd #108**
CITY-ST-ZIP **Sunrise, FL 33322**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D.** ☐ Change ☒ Addition
NAME **Jim GUERIN**
STREET ADDRESS **2200 SOUTH OCEAN LANE #406**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

01-09-2007 954-583-1136

Date

Daytime Phone #