

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 732204



1. Entity Name
 SOCIETY OF SAINT VINCENT DE PAUL DISTRICT
 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



01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLLUM, BEVERLY
STREET ADDRESS	10405 SUNRISE LAKE BLVD #108
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322
TITLE	D
NAME	HILL, EVA
STREET ADDRESS	450 NW 34TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	GUERIN, JIM
STREET ADDRESS	220 SOUTH OCEAN LANE #406
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/13/08-80039-007 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08
 Date

Daytime Phone # _____