

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

03-31-2003 90311 047 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**LEWIS DESARITZ
7481 W OAKLAND PARK BLVD
STE 301
SUNRISE 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☒ Delete
NAME **OSBORNE, CONRAD C**
STREET ADDRESS **8361 N.W. 21 COURT**
CITY-ST-ZIP **SUNRISE FL**

TITLE **VD** ☒ Delete
NAME **MURPHY, WILLIAM**
STREET ADDRESS **1961 SW 75 TERR**
CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☐ Change ☒ Addition
NAME **EDNA HILL**
STREET ADDRESS **450 NW 34th AVE**
CITY-ST-ZIP **FT. LAUD. FL 33311**

TITLE **V.PRES** ☐ Change ☒ Addition
NAME **RAY WYMAN**
STREET ADDRESS **1719 WHITEHILL DR.**
CITY-ST-ZIP **DAVIE FL**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

Date

954-4620716

Daytime Phone

CR2E037 (10/02)