

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 AM 11: 33

DOCUMENT # **732441** (1)

1. Corporation Name  
**SOCIETY OF SAINT VINCENT DE PAUL DISTRICT COUNCIL OF POMPANO BEACH, INC.**

Principal Place of Business Mailing Address  
**2323 N. DIXIE HWY. POMPANO BEACH FL 33060** **2323 N. DIXIE HWY. POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/09/1975</b>	3a. Date of Last Report <b>03/16/1994</b>
4. FEI Number <b>59-1580460</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**3232 NO DIXIE HWY POMPANO BCH FL 33060**

10. Name and Address of New Registered Agent
81 Name <b>MARLENE McDERMOTT</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2323 NORTH DIXIE HWY</b>
83
84 City <b>POMPANO BEACH</b>
85 Zip Code <b>FL 33060</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Marlene McDermott*

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GATES, CAROLE</b>	1 2 NAME	
STREET ADDRESS	<b>1501 NW 64TH AVE.</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARGATE FL</b>	1 4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUEHLER, JOE</b>	2 2 NAME	
STREET ADDRESS	<b>9800 NW 38TH ST</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>	2 4 CITY - ST - ZIP	
TITLE	<b>TD</b>	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARGER, RICHARD M.</b>	3 2 NAME	
STREET ADDRESS	<b>5773 NR 17TH TERR.</b>	3 3 STREET ADDRESS	<b>(TREASURER) TO McDERMOTT, MARLENE</b>
CITY - ST - ZIP	<b>FT. LAUD FL</b>	3 4 CITY - ST - ZIP	<b>1058 WEST RIVER DRIVE MARGATE, FL 33063</b>
TITLE	<b>PD</b>	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, VINCENT</b>	4 2 NAME	
STREET ADDRESS	<b>3963 CARAMBOLA CIR N</b>	4 3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marlene McDermott* **MARLENE McDERMOTT** 1/30/95 305 942-2242