

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **04/09/1975** 3a. Date of Last Report **02/24/1995**

| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-1580460 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 | 28 | | |
| Zip | Country | 29 | 30 |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDERMOTT, MARLENE
2323 NORTH DIXIE HWY
POMPANO BEACH FL 33060

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Marlene McDermott* **MARLENE MCDERMOTT, TREASURER** 1/18/96
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | SD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GATES, CAROLE | 1.2 NAME | |
| STREET ADDRESS | 1501 NW 64TH AVE. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MARGATE FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUEHLER, JOE | 2.2 NAME | |
| STREET ADDRESS | 9900 NW 38TH ST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL | 2.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDERMOTT, MARLENE | 3.2 NAME | |
| STREET ADDRESS | 1058 WEST RIVER DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MARGATE FL | 3.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURPHY, VINCENT | 4.2 NAME | |
| STREET ADDRESS | 3953 CARAMBOLA CIR N | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | COCONUT CREEK FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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: *Carole T. Gates* **CAROLE T. GATES** 1-19-96 (954) 971-7243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)