

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90398 018 \*\*\*\*61.25

**DOCUMENT # 732441**  
1. Entity Name  
**SOCIETY OF SAINT VINCENT DE PAUL DISTRICT  
COUNCIL OF POMPANO BEACH, INC.**

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

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E037 (11/03)

4. FEI Number: **59-1580460** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:  
**MCDERMOTT, MARLENE  
2323 NORTH DIXIE HWY  
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent:  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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: PD NAME: SCHWEITZER, FREDERICK A STREET ADDRESS: 1700 NW 65 AVENUE CITY-ST-ZIP: MARGATE FL	<input type="checkbox"/> Delete	TITLE: SECRETARY NAME: MARY LYNN HAAS STREET ADDRESS: 2310 NE 29 STREET CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: BUEHLER, JOE STREET ADDRESS: 9900 NW 38TH ST CITY-ST-ZIP: CORAL SPRINGS FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MCDERMOTT, MARLENE STREET ADDRESS: 1058 WEST RIVER DRIVE CITY-ST-ZIP: MARGATE FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MURRAY, LORRAINE STREET ADDRESS: 4706 LUCERNE LAKES BLVD. E. #106 CITY-ST-ZIP: LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Marlene McDermott* **3/25/04** **954-942-2242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #