

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:10

DOCUMENT # 737756 (7)

1. Corporation Name
ST. VINCENTDE PAUL SOCIETY NAPLES DISTRICT COUNCIL, INC.

Principal Place of Business **Mailing Address**
3190 DAVIS BLVD. 3190 DAVIS BLVD.
NAPLES FL 33942-4343 NAPLES FL 33942-4343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/06/1977 **02/28/1994**

4. FEI Number Applied For / Not Applicable
59-1711287

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
JOHNSON, ELLEN M.
2070 RIVER REACH DR. #74
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ellen M. Johnson - Ex. Director* DATE: **1-12-95**

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN, CARTER J
STREET ADDRESS 3190 DAVIS BLVD.
CITY-ST-ZIP NAPLES FL

TITLE SD
NAME PONSONBY, MARY
STREET ADDRESS 696 BROAD AVENUE SOUTH
CITY-ST-ZIP NAPLES FL

TITLE VP
NAME LEITNER, NANCY
STREET ADDRESS 3243 HORSE CARRIAGE WAY
CITY-ST-ZIP NAPLES FL

TITLE T
NAME WRUCKE, LOWELL
STREET ADDRESS 2036 7TH ST SOUTH
CITY-ST-ZIP NAPLES FL

TITLE D
NAME MAHONEY, DANIEL
STREET ADDRESS 491 PRICE COURT
CITY-ST-ZIP MARCO ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD Change Addition

2.2 NAME MEADE, MARY

2.3 STREET ADDRESS 696 BROAD AVE. SOUTH (NAME CHANGE)

2.4 CITY-ST-ZIP NAPLES, FL

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE T Change Addition

4.2 NAME MCGANN, JAMES

4.3 STREET ADDRESS 238. MEMDRY LANE #3

4.4 CITY-ST-ZIP NAPLES FL

5.1 TITLE D Change Addition

5.2 NAME JOHNSON, ELLEN

5.3 STREET ADDRESS 2060 RIVER REACH DR. APT. 81

5.4 CITY-ST-ZIP NAPLES, FL.

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *Ellen M. Johnson* DATE: **1-12-95** **813-795-1667**

ELLEN M. JOHNSON - EXECUTIVE DIRECTOR