

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **737756** (7)

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



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

3. Date Incorporated or Qualified 01/06/1977	3a. Date of Last Report 01/20/1995
4. FEI Number 59-1711287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**JOHNSON, ELLEN M.
2070 RIVER REACH DR. #74
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81. Name MERRELL, MARION J
82. Street Address (P.O. Box Numbers Not Acceptable) 425 15th St. N.W.
83.
84. City Naples
85. Zip Code FL 33964

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 *Marion J. Merrell*
Name of Registered Agent

(NOTE: Registered Agent Signature required when filing)

1-17-96
Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, CARTER J	
STREET ADDRESS	3190 DAVIS BLVD.	
CITY-STATE-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PONSONBY, MARY	
STREET ADDRESS	696 BROAD AVENUE SOUTH	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEITNER, NANCY	
STREET ADDRESS	3243 HORSE CARRIAGE WAY	
CITY-STATE-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCGANN, JAMES	
STREET ADDRESS	238 MEMORY LANE #3	
CITY-STATE-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, ELLEN	
STREET ADDRESS	2060 RIVER REACH DR. APT. 81	
CITY-STATE-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James M. McGann	
1.3 STREET ADDRESS	238 Memory Lane #3	
1.4 CITY-STATE-ZIP	Naples, Fl 33962	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Mead	
2.3 STREET ADDRESS	696 Broad Ave. So.	
2.4 CITY-STATE-ZIP	Naples, Fl 33940	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Newell	
3.3 STREET ADDRESS	419 Glades Blvd.	
3.4 CITY-STATE-ZIP	Naples, Fl 33962	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charles Delekta	
4.3 STREET ADDRESS	401 Pine Lake Dr	
4.4 CITY-STATE-ZIP	Naples, Fl 33962	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Marion J. Merrell	
5.3 STREET ADDRESS	425 15th St. N.W.	
5.4 CITY-STATE-ZIP	Naples, Fl 33964	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 or 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marion J. Merrell

CR2E037 (12/95)