

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90038 037 ****61.25

DOCUMENT # 737756

1. Entity Name

ST. VINCENTDE PAUL SOCIETY NAPLES DISTRICT COUNCIL, INC.

Principal Place of Business

Mailing Address

3190 DAVIS BLVD.
 NAPLES FL 33942-4343

2874 DAVIS BLVD.
 NAPLES FL 34104
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1711287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRELL, MARION J.
425 15TH ST. N.W.
NAPLES FL 33964

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.

SIGNATURE **Marion J. Merrell**

01/09/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | MILLS, LARRY | |
| STREET ADDRESS | 3400 #9 FROSTY WAY | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | VPT | <input type="checkbox"/> Delete |
| NAME | MARKUNAS, MARIE | |
| STREET ADDRESS | 1424 MONARCH CIRCLE | |
| CITY-ST-ZIP | NAPLES FL 34116 | |
| TITLE | TT | <input checked="" type="checkbox"/> Delete |
| NAME | KUMICICH, A. R | |
| STREET ADDRESS | 46 NEWBURY PLACE | |
| CITY-ST-ZIP | NAPLES FL 34104 | |
| TITLE | EXS | <input type="checkbox"/> Delete |
| NAME | MARION J. MERRELL | |
| STREET ADDRESS | 425 15TH ST. N.W. | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joseph Russell | |
| STREET ADDRESS | 4659 Ashton Ct. | |
| CITY-ST-ZIP | Naples, FL. 34112 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **MARION J. MERRELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02
Date

941-775-1667
Daytime Phone #

CR2E037 (9/01)