

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 04, 2012**  
**Secretary of State**

DOCUMENT# 741856

**Entity Name:** ST VINCENT DE PAUL SOCIETY PARTICULAR COUNCIL OF FORT MYERS, INC.**Current Principal Place of Business:**3010 CLEVELAND AVE.  
FT MYERS, FL 339017001**New Principal Place of Business:**2023 DEL PRADO BOULEVARD S  
CAPE CORAL, FL 33990**Current Mailing Address:**3010 CLEVELAND AVENUE  
FT MYERS, FL 339017001**New Mailing Address:**2023 DEL PRADO BLVD S  
CAPE CORAL, FL 33990**FEI Number:** 59-1024096**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARTYN, WILLIAM J  
4310 MCGREGOR BLVD  
FORT MYERS, FL 339018813 US**Name and Address of New Registered Agent:**TRAPANESE, GIOVANNI  
1088 BREVITY LANE  
FORT MYERS, FL 339195906 US

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: GIOVANNI TRAPANESE

12/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TRAPANESE, GIOVANNI  
Address: 1088 BREVITY LANE  
City-St-Zip: FORT MYERS, FL 339195906

Title: T  
Name: KOCHANSKI, JANICE  
Address: 3518 SE 17TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD  
Name: MADSEN, VERONICA  
Address: 2227 SE 20TH PLACE  
City-St-Zip: CAPE CORAL, FL 339903114

Title: VP  
Name: REDMORE, BARBARA  
Address: 14 SERENDIPITY BLVD  
City-St-Zip: NORTH FORT MYERS, FL 339036952

Title: D  
Name: TRAPANESE, ADA  
Address: 1088 BREVITY LANE  
City-St-Zip: FORT MYERS, FL 339195906

Title: D  
Name: WILLIGAN, WALTER  
Address: P O BOX 123  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VERONICA MADSEN

SD

12/04/2012

Electronic Signature of Signing Officer or Director

Date