

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

CORPORATION
ANNUAL REPORT 1995
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
Sandra B. Northam,
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:22

DOCUMENT # 742826 (1)

1. Corporation Name

ST. VINCENT DE PAUL SOCIETY OF VENICE, INC.

Principal Place of Business

Mailing Address

1030 S. VENICE BYPASS
YARDMAN BLDG.
VENICE FL 34290-6150

240 TAMiami TR. SOUTH
VENICE FL 34295
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1978

3a. Date of Last Report

09/27/1994

4. FEI Number

59-1905861

Applied For

Not Applicable

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
Florida Statutes tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 240 TAMiami TR S

26 240 TAMiami TR S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 VENICE FLA

28 VENICE FLA

Zip

Country

24 34285

25 SARASOTA

29 34285

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRENE, THEODORE J.
1030 VENICE BYPASS S.
VENICE FL 33595

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BRENE, THEODORE J.
STREET ADDRESS 515 CERVINA N.
CITY-ST-ZIP VENICE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME ANDERSON, FRANK
STREET ADDRESS 1033 KINGS CT.
CITY-ST-ZIP VENICE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME CAPUTO, MARY
STREET ADDRESS 830 VASTO
CITY-ST-ZIP VENICE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME MCCANDLESS, GRACE
STREET ADDRESS 716 GRANADA AVE
CITY-ST-ZIP VENICE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 empowered to execute this report as required by Chapter B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theodore J. Brene Theodore J. Brene 484-4117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature