

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **742826** (1)

1. Corporation Name

ST. VINCENT DE PAUL SOCIETY OF VENICE, INC.



Principal Place of Business

Mailing Address

**240 TAMAMI TR S
YARDMAN BLDG
VENICE FL 34285
US**

**240 TAMAMI TR S
VENICE FL 34285
US**

3. Date Incorporated or Qualified
05/09/1978

3a. Date of Last Report
02/22/1995

2. Principal Place of Business
21 240 TAMAMI TR S

2a. Mailing Address
26 Same

4. FEI Number
59-1905861

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 Venice FLA

City & State

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

Zip
24 34285

Country

Zip

Country

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

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**Theodore J. Brene
515 CERVINA DR S
Venice FLA 34292**

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**V. PR
Frank Anderson
1033 KINGS COURT
Venice FLA 34293**

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**TRENT
Mary Caputo
830 VASTO DR
Venice FLA 34292**

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**See
Grace McCandless
716 GRANADA AVE
Venice FLA 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chyllis Biase
200 Esplanade
Venice FL 34285**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**CHARLES Coleman
709 TRENT ST
Venice FLA 34292**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Maria Paula
4711 Alligator DR
Venice FLA 34292**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**200001758822
-03/27/96--01006--006
***61.25**

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 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

3-26-96

CR2E037 (12/95)