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Feb 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 TAMiami TR S
VENICE FL 34285
US

240 TAMiami TR S
VENICE FL 34285-2419
US

3. Date Incorporated or Qualified
05/09/1978

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 240 TAMiami TR

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Venice FLORIDA

27 City & State
28

24 Zip Country
34285 SARASOTA

29 Zip Country
30

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

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

BREENE, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BREENE, THEODORE J. | |
| STREET ADDRESS | 515 CERVINA N. | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, FRANK | |
| STREET ADDRESS | 1033 KINGS CT. | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CAPUTO, MARY | |
| STREET ADDRESS | 830 VASTO | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MCCANDLESS, GRACE | |
| STREET ADDRESS | 716 GRANADA AVE | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | BIASE, PHYLLIS | |
| STREET ADDRESS | 200 ESPLANADE | |
| CITY-ST-ZIP | VENICE FL 34285 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | COLEMAN, CHARLES | |
| STREET ADDRESS | 709 TRENTO ST | |
| CITY-ST-ZIP | VENICE FL 34292 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Theodore J. Breene Feb 10 - 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064433

CR2E037 (9/96)