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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742826** (1)

1. Corporation Name

ST. VINCENT DE PAUL SOCIETY OF VENICE, INC.



Principal Place of Business	Mailing Address
240 TAMiami TRAIL VENICE FL 34285 US	240 TAMiami TR S VENICE FL 34285 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified	05/09/1978	
4. FEI Number	59-1905861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BREENE, THEODORE J. 1030 VENICE BYPASS S. VENICE FL 33595	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BREENE, THEODORE J.
STREET ADDRESS	515 CERVINA N.
CITY-ST-ZIP	VENICE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, FRANK
STREET ADDRESS	1033 KINGS CT.
CITY-ST-ZIP	VENICE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	CAPUTO, MARY
STREET ADDRESS	830 VASTO
CITY-ST-ZIP	VENICE FL
TITLE	SD <input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	COLEMAN, CHARLES
STREET ADDRESS	709 TRENTO ST
CITY-ST-ZIP	VENICE FL 34292

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HELEN BREENE
1.3 STREET ADDRESS	515 CERVINA N
1.4 CITY-ST-ZIP	VENICE FL 34292
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THEODORE J BREENE
2.3 STREET ADDRESS	515 CERVINA N
2.4 CITY-ST-ZIP	VENICE FL 34292
3.1 TITLE	T. D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PHYLLIS LAMMER
3.3 STREET ADDRESS	863 KIMBALL RD
3.4 CITY-ST-ZIP	VENICE FL 34293
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	S. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PHYLLIS BIASE
5.3 STREET ADDRESS	200 ESPLANADE
5.4 CITY-ST-ZIP	VENICE FL 34285
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 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 _____

CR2E037 (10/97)