

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90302 031 ****61.25

DOCUMENT # 742826

1. Entity Name

ST. VINCENT DE PAUL SOCIETY OF VENICE, INC.



Principal Place of Business

242 TAMiami TR
VENICE FL 34285
US

Mailing Address

242 TAMiami TR
VENICE FL 34285
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1905861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24062070



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

MARINO, EVELYN V
1485 QUAIL LAKE DRIVE
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARINO, EVELYN V
STREET ADDRESS 1485 QUAIL LAKE DR
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE VPD
NAME MARINO, PAUL T
STREET ADDRESS 1485 QUAIL LAKE DR
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE SD
NAME LINCK, PHYLISS J
STREET ADDRESS 1666 WAXWING CT
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE TD
NAME LINCK, JOHN C
STREET ADDRESS 1666 WAXWING CT
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Evelyn V. Marino Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2004
Date

941 484 4117
Daytime Phone #