

# 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 # 759776 (8)**  
1. Corporation Name  
**ST. VINCENT DE PAUL STORES OF ORLANDO, INC.**



Principal Place of Business Mailing Address  
**7339 EAST COLONIAL DR. #B**  
**ORLANDO FL 32807-6386**

3. Date Incorporated or Qualified **08/25/1981** 3a. Date of Last Report **07/05/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2121561</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc. <b>#3</b>		26 Suite, Apt. #, etc. <b>#3</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**LEAR, DONALD**  
**1014 PARK DR., #4**  
**INDIAN HARBOUR BEACH FL 32937**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1014 Park Drive #4</b>
83	
84 City	<b>FL</b>
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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUNING, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>1228 LAKE WILLISARA CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRER, ANTHONY</b>	2.2 NAME	
STREET ADDRESS	<b>701 PEQUIN AVENUE N.E.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL 32907-1514</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRENNAN, JERRY</b>	3.2 NAME	
STREET ADDRESS	<b>7339 EAST COLONIAL DR. #3</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32807-6386</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEAR, DONALD</b>	4.2 NAME	
STREET ADDRESS	<b>1024 PARK DR. #4</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	4.4 CITY-ST-ZIP	
TITLE	<b>MSA</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARILYN SOUTA</b>	5.2 NAME	
STREET ADDRESS	<b>1500 ROSE BOULEVARD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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

*Donald Lear*

*Donald Lear* 4-30-96 (407) 275-1488

Date

Business Phone #

CF2E037 (12/95)