


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 043 ****61.25

DOCUMENT # 764294	
1. Entity Name HILLSBOROUGH COUNTY SOCIETY OF ST. VINCENT DE PAUL, INC.	

Principal Place of Business 2021 E BUSCH BLVD #203 TAMPA, FL 33612 US	Mailing Address 2021 E BUSCH BLVD #203 TAMPA, FL 33612 US
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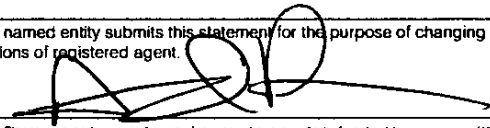
2. Principal Place of Business - No P.O. Box # 12310 N NEBRASKA AVE Suite, Apt. #, etc.	3. Mailing Address 12310 N NEBRASKA AVE Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL
Zip 33612	Country HILLSBOROUGH



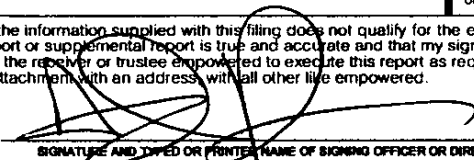
01112007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent HAASCH, BERNARD J 8703 ASHWORTH DR. TAMPA, FL 33647	
7. Name and Address of New Registered Agent Name ANDREW PLUMMER Street Address (P.O. Box Number is Not Acceptable) 18217 FOX TRACE CT City LUTZ FL Zip Code 33549	

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.	1/16/07
SIGNATURE 	DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDS HAASCH, BERNARD 8703 ASHWORTH DR. TAMPA, FL 33647 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOBAK, JOHN 3520 FOX RIDGE CR TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOITES, AUGUSTIN 3225 MACDILL AVE TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLEITES, AGUSTIN (CORRECT SPELLING)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLUMMER, ANDREW 18217 FOX TRACE CT LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BINGHAM, RICHARD 31140 WHITLOCK DR WESLEY CHAPEL FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	1/16/07 813 267 3925