

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764294

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** WEST HILLSBOROUGH COUNTY SOCIETY OF ST VINCENT DE PAUL, INC.

**Current Principal Place of Business:**

12310 N. NEBRASKA AVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

12310 N. NEBRASKA AVE  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 59-2237848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEROCHER, NORMAN  
8316 WOODLAKE PLACE  
TAMPA, FL 33615 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: CASEY, TIMOTHY  
Address: 14818 FORNHAM WAY  
City-St-Zip: TAMPA, FL 33624

Title: P ( ) Delete  
Name: MANTHOS, JACKIE  
Address: 17008 SHADY PINES DR  
City-St-Zip: LUTZ, FL 33549

Title: ED ( ) Delete  
Name: DEROCHER, NORMAN  
Address: 8316 WOODLAKE PLACE  
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete  
Name: LEE, ALTHEA  
Address: 2705 BENT LEAF DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete  
Name: MARCHESE, LYNDIA J  
Address: 1006 W CHARTER ST  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: CASEY, SUZANNE  
Address: 14818 FARNHAM WAY  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CASEY, TIMOTHY  
Address: 14818 FARNHAM WAY  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN DEROCHER

ED

01/19/2009

Electronic Signature of Signing Officer or Director

Date