2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003622

FILED Apr 28, 2009 Secretary of State

Entity Name: JACKSONVILLE DISTRICT COUNCIL, SOCIETY OF ST. VINCENT DE PAUL, INC.

Current Principal Place of Business: 2032 THETA CT ORANGE PARK, FL 320736011			New Principal Place	New Principal Place of Business: 2032 THETA CT ORANGE PARK, FL 320736011 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2032 THETA CT ORANGE PARK, FL 320736011			2032 THETA CT ORANGE PARK, FL	2032 THETA CT ORANGE PARK, FL 320736011 US	
FEI Number	: 26-0007717	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
2032 THE ORANGE	PARK, FL 32	0736011 US	ourpose of changing its registers	ed office or registered agent, or both,	
	e of Florida.	out the particular and p		ou chies of regions augum, or bear,	
SIGNATUI		uis Cianatans of Decistored Ass		Dete	
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	O'LEARY, BAR 2032 THETA C) Delete RTHOLOMEW D COURT K, FL 320736011	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HEFT, CORKY 116 GARDENI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (O'BRIEN, LAR 1383 KEEL CO ORANGE PAR	DURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (KIRKLAND, DI 2120 JAMMES JACKSONVILI	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (KEHOE, WAL [*] 94 FOSTER L PALM COAST	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PROVOST, RO 4325 HARLOV		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: BARTHOLOMEW D. O'LEARY PRES 04/28/2009